

**DISSERTATION ON  
“ASSESS THE EFFECTIVENESS OF LAUGHTER  
THERAPY ON REDUCING STRESS AMONG  
WORKING PERSONNEL IN SELECTED HOSPITAL  
AT CHENNAI.”**

**M. SC (NURSING) DEGREE EXAMINATION  
BRANCH- V- MENTAL HEALTH NURSING**

**PADMASREE COLLEGE OF NURSING  
WALAJABAD, KANCHIPURAM.**



*A dissertation submitted to*

**THE TAMILNADU DR. MGR MEDICAL UNIVERSITY,  
CHENNAI - 600 032.**

*In partial fulfillment of the requirements for the degree of*

**MASTER OF SCIENCE IN NURSING**

**OCTOBER 2016**

## **CERTIFICATE**

This is to certify that this dissertation titled **“Assess the effectiveness of laughter therapy on reducing stress among working personnel in selected hospital at Chennai”** is a bonafide work done by Ms.Jansy L.M, II year M.Sc (Nursing) Student, Padamasree College of Nursing, Walajabad, Kanchipuram submitted to **The Tamil Nadu Dr.M.G.R Medical University, Chennai-32**, in partial fulfillment of the university rules and regulations towards the award of degree of Master of Science in Nursing, Branch-V, Mental Health Nursing, under our guidance and supervision during the academic period from 2014-2016.

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## ACKNOWLEDGEMENT

Praise and thanks to the god almighty who is the source of wisdom and knowledge, whose blessing and inspiration guided me throughout the course of this study end to submit the dissertation in time.

I reveal my sense of gratitude to the management of Padmasree college of Nursing, Walajabad, **Mr.V.Rishikesavan, Chairman**, for their encouragement to complete the study.

I thank **Mrs.R.Malliga Rishikesavan, Managing Director**, Padmasree college of Nursing, Walajabad, for providing me an opportunity to conduct the study.

I acknowledge my heartfelt thanks and gratitude to **Mr.R.Dinesh Kumar, M.E., MBA, Secretary**, for their encouragement to complete the study.

I wish to express my heartfelt thanks to **Dr.K.MENAKA, M.Sc. (N), Ph.D(N).**, Principal, Research Guide of Padamasree College of Nursing, Walajabad for her guidance and valuable suggestions and encouragement in conducting the study constant support at every stage of the study which enabled me in giving shape to this study.

I express my sincere thanks to **Prof. T.V.Malliga M.Sc. (N)**, Vice Principal of Padamasree College of Nursing, Walajabad for her constant guidance suggestion to complete the study.

I express my sincere thanks to **Mr.A.Parthiban, M Sc (N)**, Assistant Professor in Padamasree College of Nursing Walajabad for his constant guidance, valuable suggestions, helped me a lot in successful completion of this study.

I am immensely grateful to **Dr.Venkatesh Mathan Kumar, Associate Porfessor of Psychiatry** for constant guidance, sustained patience, valuable suggestions in the successful completion of this study.

It's my duty to convey thanks to all the experts **Mr.Sudhakaran, Clinical Psychologist, Mrs.Hemavathy, Principal, Sree Balaji College of Nursing and Mr.M.Nithyanantham, Associate Professor, College of Nursing, Madras Medical College, Chennai-3** who validated the research tool and guided me with valuable suggestions and corrections.

It is my duty to express my heart felt thanks to Associate Professors of Padamasree College of Nursing, Walajabad, **Prof.Mrs.D.Thatchayani, M.Sc(N), Associate Prof.Ms.L.Periyanayaki, M.Sc(N)., M.B.A.(HM), Associate Professor, Mrs.L.Mohana, M.Sc(N), Associate Professor, Mrs.D.Nithya, M.Sc(N), M.Phil, Associate Professor, Mr.K.Gopinath, M.Sc(N), Assistant Professor, Mrs.A.Suganthi., M.Sc(N), Assistant Professor, Mrs.D.Vanisree, M.Sc(N), Assistant Professor, Mrs.J.Gayathridevi., M.Sc(N), Nursing Tutor, Mrs.K.Dharani, M.Sc (N), Nursing Tutor** for their valuable guidance moral support and encouragement in conducting and submitting this study.

It's a pleasure and privilege to express deep sense of gratitude thanks to **Mr.Muthuraman, M.Sc (Bio Stat), Lecturer in statistics Padamasree College of Nursing, Walajabad**, for his expert guidance and assistance in the statistical analysis.

It is my pleasure, privilege, heartfelt gratitude and indebtedness to my esteemed teachers for her valuable and expert guidance, thought provoking stimulation, encouragement, and support for me to the successful completion of this dissertation.

I am deeply obliged to the participants for sacrificing their valuable time and extending their kind cooperation to provide data and activity Therapy practices.

I extend my special thanks to all my friends who gave me support and immeasurable suggestions throughout the study.

## **ABSTRACT**

**Title: “Assess the effectiveness of laughter therapy on reducing stress among working personnel in selected hospital at Chennai”.**

Stress among the employees is a major current problem that leads to burn out among them and leads to stress. All activities are also designed to keep their mind active all the time, which helps to restore normal function.

## **NEED FOR STUDY**

Job stress among the hospital workers is important because care takers are become stressed due to the working area, time spent and other problems. The investigator in the hospital use laughter therapy engages the working personnel to promote their life and reduction in job stress.

## **OBJECTIVES**

- 1) To identify socio demographic variables of working personnel in selected hospital.
- 2) To assess the pre test level of stress among the working personnel in selected hospital.
- 3) To evaluate the post test level of stress after laughter therapy among the working personnel in selected hospital.
- 4) To determine the effectiveness of laughter therapy on reduction of stress among the working personnel in selected hospital.
- 5) To find association between the post test level of stress with selected socio demographic variables

## **METHODOLOGY**

**Research approach:** Quantitative approach.

**Study setting:** Working personnel works at Dr.G.D.Boaz Memorial Hospital, Santhoshapuram.

**Study population:** Working personnel with job stress at Dr.G.D.Boaz Memorial Hospital, Santhoshapuram.

**Sample size:** 60 samples

**Design:** Pre experimental one group pre test and post test design.

**Sampling technique:** Random sampling technique (Lottery Method).

**Tool:** Job Stress Scale

## **DATA COLLECTION PROCEDURE**

Data were collected from selected samples in Dr G.D Boaz Hospital, Santhoshapuram at Chennai. There are 60 samples collected and divided in to two groups. In pre test the level of job stress was assessed by Job stress scale. Each group 30 samples were given laughter therapy for ten days the same was followed for the second group also. After the intervention the post test was conducted.

## **DATA ANALYSIS**

Demographic variables were analyzed with descriptive (mean, median and standard deviation) and clinical variables were inferential statistics (Chi-square and paired 't' test).

## **RESULTS**

Effectiveness is shown as decreases in stress level by undergo the technique of laughter therapy. So it decreases in stress level was viewed as difference post test – pre test level. It reveals that mean increase = 1.4 and S.D difference was 6.4 and effectiveness shown as decreases in stress level

## **DISCUSSION**

Laughter therapy is a one of the modifying factor to reduce stress among the working personnel in the hospital. So that the investigator hypotheses was proved in this study.

## **CONCLUSION**

This study concluded that psychiatric nurse's role in managing with laughter therapy and reduce job stress and promote well being is mandatory. Through laughter therapy, the study results shows that mean increase =1.4 and S.D difference was 6.4 and effectiveness shown as decreases in stress level reflects the effectiveness of laughter therapy.



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# CHAPTER –I

## INTRODUCTION

### BACKGROUND OF THE STUDY

*"Laughter is the most inexpensive  
and the most effective wonder drug.  
Laughter is a universal medicine."*

**- Bertrand Russell**

Our society is facing a major challenge. We live in a sedentary age where repeated exposure to stress, unhealthy lifestyle, food habits and bad habits of excessive use of like cigarettes, alcohol including hypertension, heart disease, diabetes, and obesity. This is happening globally.

“STRESS is a biological term for the consequences of the failure of a human or animal to respond appropriately to emotional or physical threats to the organism, whether actual or imagined (Hans Selye, 1956). Stress can be called as the body’s response to situations that pose demands, constraints or opportunities. Stress impacts the human physiological state. Viamontes and Nemeroff (2009) state the brain reacts to external stressors by sending signals to the rest of the body to prepare the person for action. This activation for preparedness produces an increase in heart rate and dilates blood vessels, thus increasing blood flow (Viamontes & Nemeroff, 2009).

Anyone can be affected by stress, but the extent to which we experience stress depends on our life style and is, therefore, largely self imposed. Whether you have control over the situations that is causing you stress or not, you can have control over your reaction to the situation. In other words, you can control how stressed you can become.

Stress is difficult for scientists to define because it is a subjective sensation associated with varied symptoms that differ for each of us. In addition, stress is not always a synonym for distress. Situations like a steep roller coaster ride that cause fear and anxiety for some can prove highly pleasurable for others. Winning a race or election may be more stressful than

losing but this is good stress.

Increased stress increases productivity – up to a point, after which thing rapidly deteriorates, and that level also differs for each of us. It is much like the stress or tension on a violin string. Not enough produces a dull raspy sound and too much an irritating screech or snaps the string but just the correct degree of stress creates a beautiful tone.

Stress and burnout are prevalent throughout personnel working in hospital. Perceived stress is associated with increased levels of job stress, alcohol and relationship difficulties, anxiety and suicide. Stress is receiving increased attention because of the realization that tired, tense, anxious hospital personnel may not provide as quality care as do those who do not suffer from these debilitating conditions.

Burnout is common among working personnel in hospital and leads to decreased job satisfaction, as well as self-reported suboptimal patient care. Para medical workers have higher levels of stress than the general population due to such factors as work burden, financial problems and excessive working hours, all of which can result in personal and interpersonal relationship problems. Studies from United Kingdom, that have examined coping strategies of hospital working personnel with the stresses of nature of job stress have generally identified use of alcohol as a coping strategy but some studies have reported the use of other substances such as tobacco and drugs .

Although laughter is used regularly by medical and other workers, there is almost no literature on the use of laughter in medical education; indeed, there is a paucity of research on its use in education generally. There have been few published controlled studies of the use of laughter in learning, and only about half of these have demonstrated improved learning outcomes.

## 1.1 NEED FOR STUDY

*"Tension is who you think you should be. Relaxation is who you are."*

– Chinese proverb

The term "stress", was coined by Hans Selye in 1936, who defined it as "the non-specific response of the body to any demand for change". In other words, stress is the nonspecific response of the body to any demand, whether it's caused by or results in, pleasant or unpleasant conditions.

Fears without cause are the strongest base driving force for the majority of humans and are the most basic cause of stress. Any event in life that a person finds threatening, difficult to cope with or causes excess pressure can be a potential cause of stress. There are literally hundreds of different types of stressors, which are mainly classified under certain factors like emotional factors, environmental factors, physical factors, psychological factors & situational factors. Under situational factors, job related stress is considered to be the greatest threat for health.

Laughter is credited with increasing the release of endorphins, the body's natural painkillers and protectors against job stress. Although the physiology and molecular biology of these traits laughter and play are far from understood, we do have good reason to believe that the operation and effects of those factors follow certain paths, such as the secretion of endorphins in the brain and the action of similar physiological factors upon virtually every system of the body, and, of course, upon behaviour (Montague, 1991).

Hospital working personnel provide effective care for Hospital Working personnel admitted in hospital. But they fail take care themselves becomes vital because of the stressful nature of their work environment will leads to burn out. It may not be enough to take vacations. It is essential to have a life style that incorporates manageable stress reducing techniques (Fitzgerald 2014). Laughter associated with positive emotions, is used as a form of therapy, and has evolved as one of the interventions used to enhance



the mental wellness of the care workers (Cousins 1979)

In a study conducted by the university of Maryland medical center in 2010, of 46,000 workers, health care costs were 147% higher in workers who were stressed or depressed than in others who were not. Furthermore, according to another survey, 40% of American workers describe their jobs as very stressful, causing them impaired concentration, sleeplessness, and increases the risk for illness, back problems, accidents, and lost time from work.

Introducing laughter into the health care personnel is intended to improve a mood and quality of life of them. Nurses have traditionally played a more active role than physicians in bringing up of patients from their illness. Given that nurses and working personnel spend more time with patients, especially during hospitalizations, made them stress. Authors insist importance of assessing stress among of laughter before using it as a nursing intervention. It is equally important to use laughter at the right time and place and to avoid laughter that might alienate people.

Some hospitals have formal laughter programs in which staff members and volunteers bring laughter therapy by using laughter carts and laughter resource centers. Laughter carts are similar to standard hospital carts, except in this case patients select laughter books, videotapes, and other paraphernalia to brighten their day. When employees are allowed to laugh and to play, laughter has the potential to distract them, at least temporarily, from physical pain. Laughter should never be forced on employees are taught to be mindful that employees family members may be coping with tragic news or grieving the loss of a loved one.

Laughter is a powerful antidote to stress, pain, and conflict. Nothing works faster or more dependably to bring your mind and body back into balance than a good laugh. Humor lightens your burdens, inspires hopes, connects you to others, and keeps you grounded, focused, and alert. With so much power to heal and renew, the ability to laugh easily and frequently is a tremendous resource for surmounting problems, enhancing your relationships, and supporting both physical and emotional health. Hence as a psychiatric nurse interested on reducing stress among employees by intervening as a laughter therapy.

## **1.2 STATEMENT OF PROBLEM**

“Assess the effectiveness of laughter therapy on reducing stress among working personnel in selected hospital at Chennai”.

## **1.3 OBJECTIVES OF THE STUDY**

- 1) To identify socio demographic variables of working personnel in selected hospital.
- 2) To assess the pre test level of stress among the working personnel in selected hospital.
- 3) To evaluate the post test level of stress after laughter therapy among the working personnel in selected hospital.
- 4) To determine the effectiveness of laughter therapy on reduction of stress among the working personnel in selected hospital.
- 5) To find association between the post test level of stress with selected socio demographic variables

## **1.4 HYPOTHESIS**

- H<sub>1</sub>** There will be a statistically significant level of stress among the working personnel in selected hospital as measured by job stress scale.
- H<sub>2</sub>** There will be a statistically significant difference in the level of stress among the working personnel in selected hospital after the laughter therapy.

## **1.5 OPERATIONAL DEFINITIONS**

### ***Effectiveness***

In this study effectiveness refers to the extent to which laughter therapy produces a reduction in the level of stress among the working personnel in selected hospital as measured by Job Stress Scale administered before and after the laughter therapy.

## **LAUGHTER THERAPY**

In this study laughter therapy refers to the use of various forms of laughter exercises which include greeting laughter, handshake laughter, mobile phone laughter, milkshake laughter, lion laughter, argument laughter, bow and arrow laughter, belly laughter and joker's laughter, which will be done for 20 minutes per day for one week.

## **STRESS**

In this study stress refers to a state of mental, emotional, or physical strain or tension developed among the working personnel while working with Hospital Working personnel in the selected hospital.

## **WORKING PERSONNEL**

In this study working personnel refers to all the workers who have provided care to Hospital Working personnel for more than two years in a selected hospital in Chennai.

### **1.6 ASSUMPTION**

The researcher assumes that

- ❖ Working personnel have some stress during working in hospital.
- ❖ Working personnel reduced their stress by adopting laughter therapy technique.
- ❖ Information provided to the working personnel would represent their true stress.
- ❖ Level of stress varies from individual to individual
- ❖ Laughter therapy technique helped to improve the relaxation and reduce stress among working personnel..
- ❖ Laughter therapy helped to provide better nursing care to the Hospital Working personnel.

## **1.7 LIMITATION**

- 1) The study is limited to the working personnel works in a selected hospital at Chennai.
- 2) Data collection period 4 weeks.
- 3) Sample size of 60 working personnel.

## CHAPTER-II REVIEW OF LITERATURE

**Polit (1999)**, literature review refers to the activities involved in identifying and searching for information on a topic and developing an understanding of the state of knowledge on that topic.

Literature review can search a number of important functions such as identification of the topic, to ascertain what is already known in relation to a problem of interest, to develop a broad conceptual context into which a research problem will fit and to suggest ways to going about the business of conducting a study on a topic of interest.

Literature review done for the present study is presented under the following heading:.

- ❖ Benefits of laughter therapy
- ❖ Occupational stress in general
- ❖ Laughter therapy and stress
- ❖ Laughter therapy in general

### **30 BENEFITS OF LAUGHTER AT WORK, BACKED BY RESEARCH, CASE STUDIES, AND REAL-WORLD EXAMPLES.**

#### **LAUGHTER AND COMMUNICATION**

- 1) ***Laughter gets people to listen.*** “Consistent use of appropriate Laughter makes people want to read and hear what you say.”
- 2) ***Laughter increases long-term memory retention.*** “Instructional messages that gain students’ attention and help them make sense of course content (clarity behaviors) enhance students’ ability to process the content resulting in greater retention and learning.”

- 3) ***Laughter increases persuasion.*** “Laughter can be highly persuasive when presenting a message that people disagree with because the Laughter distracts them from immediately creating counter arguments, in part because they don’t feel like the message is being crammed down their throats.”
- 4) ***Laughter aids in learning.*** “The use of Laughter as a pedagogical tool has been shown to reduce classroom anxiety, create a more positive atmosphere, as well as facilitate the learning process.”
- 5) ***Laughter increases the likability of the speaker.*** “An appropriate use of Laughter will produce a favorable attitude toward the speaker.”

## **LAUGHTER AND RELATIONSHIPS**

- 1) ***Laughter connects us with others.*** “Positive sounds such as laughter or a triumphant ‘woo hoo!’ can trigger a response in the listener’s brain. The response is automatic and helps us interact socially by priming us to smile or laugh, and thereby connecting us with the other person.”
- 2) ***Laughter reduces status differentials.*** “Laughter can help to reduce the social distance between managers and employees.”
- 3) ***Laughter diffuses conflict.*** “Laughter has long been seen as the great equalizer—a means to facilitate conversation and bridge differences. As a matter of fact Laughter has been identified as a key factor in peace-building and international mediation.”
- 4) ***Laughter builds trust.*** “Social benefits of Laughter include group cohesiveness, reduction of status differentials, diffusion of conflict, team and trust building among diverse groups.”
- 5) ***Laughter encourages people to work together.*** “A growing body of research shows that when you share a laugh with someone, you’re mirroring not only one another’s body language, but also the hormonal

and neuronal activity, prompting a mutual investment in each other's well-being."

## **LAUGHTER AND PROBLEM SOLVING**

- 1) ***Laughter boosts overall brainpower.*** "A dose of Laughter releases the chemical serotonin in your brain, which improves focus, increases objectivity and improves overall brainpower."
- 2) ***Laughter improves decision-making.*** "Positive moods prompt more flexible decision-making and wider search behavior and greater analytic precision."
- 3) ***Laughter increases the acceptance of new ideas.*** "Unconventional interactions can lower the barrier for people to posit novel things."
- 4) ***Laughter triggers new connections.*** "Laughter stimulates the right hemisphere of the brain, which, in turn, sets off divergent, creative thinking which allows individuals to see broader applications, novel connections, and otherwise elusive relationships."
- 5) ***Laughter enhances one's ability to solve problems.*** "Studies have shown that simply watching comedy films can improve creative problem solving skills."

## **LAUGHTER AND PRODUCTIVITY**

- 1) ***Laughter provides motivation.*** "The use of Laughter in organizations has been associated with improving morale among workers, creating a more positive organizational culture and increasing motivation."
- 2) ***Laughter reduces absenteeism.*** "Laughter is associated with enhanced work performance, satisfaction, workgroup cohesion, health, and coping effectiveness, as well as decreased burnout, stress, and work withdrawal."
- 3) ***Laughter prevents long-term burnout.*** "Laughter in the workplace has

been shown to reduce absenteeism, increase company loyalty, prevent burnout and increase productivity.”

- 4) ***Laughter increases employee engagement.*** “Managers who lead with levity benefit from higher levels of employee engagement and overall success.”
- 5) ***Laughter improves productivity.*** “In one study of more than 2,500 employees, 81 percent said they believe a fun working environment would make them more productive.”

## **LAUGHTER AND HEALTH**

- 1) ***Laughter reduces stress.*** “People with a sense of Laughter report less stress and anxiety than those with a low sense of Laughter, despite experiencing the same number of problems at work.”
- 2) ***Laughter strengthens the immune system.*** “Laughter may improve immune function by blocking production of stress hormones, such as cortisol, and by increasing the release of immunoenhancers, such as beta-endorphin.”
- 3) ***Laughter relaxes muscles.*** “Laughter relaxes muscles, decreases blood pressure and improves our immune system.”
- 4) ***Laughter burns calories.*** “Laughing 100 times can burn as many calories as 10-minutes on a stationary bicycle.”
- 5) ***Laughter increases happiness.*** “Laughter was one of the healthiest adaptations to being happy in life.”

## **LAUGHTER AND LEADERSHIP**

- 1) ***Laughter enhances perceived leadership skills.*** “People who use Laughter, particularly in stressful or seemingly one-down positions, are viewed as being on top of things, being in charge and in control, whether they are in fact or not.”
- 2) ***Laughter creates more opportunities.*** “Research has shown that



managers displaying a good sense of Laughter are given more opportunities in organizations than those without a sense of Laughter.”

- 3) ***Laughter builds credibility.*** “Laughter users are seen as more credible and as more competent.”
- 4) ***Laughter increases size of paycheck.*** “The size of their bonuses correlated positively with their use of Laughter – ‘In other words, the funnier the executives were, the bigger the bonuses.’”
- 5) ***Laughter increases profit.*** “Organization Laughter has been linked with successful leadership, with increases in profit and work compliance, with a successful business culture, with message and goal clarity in managerial presentations, with improvement in group problem- solving, and with reducing emotional stress due to threats and role conflict at work.”

## **SEVEN COMPELLING REASONS TO BRING LAUGHTER THERAPY TO YOUR ORGANISATION**

- 1) ***Quickest way to Reduce Stress:*** Though there are many methods being used to reduce stress, Laughter therapy is the quickest and one can feel the benefits from the very first session. Laughter therapy is a single exercise which reduces physical, mental and emotional stress simultaneously and brings an emotional balance. It increases positive emotions and decreases negative emotions. Even highly talented and skilled employees cannot perform well if they are emotionally disturbed.
- 2) ***Healthy Exercise for Busy People:*** Laughter therapy works like an aerobic exercise without sweating. Dr. Williams Fry of Stanford University proved that 10 minutes of hearty laughter is equal to 30 minutes on the rowing machine. This helps to stimulate heart rate, increase blood circulation, supply oxygen and remove waste products.
- 3) ***Peak Performance:*** At a given time, the performance depends upon mood and Laughter therapy has the power to change the mood state within minutes

by releasing neuro-peptides from the brain cells called endorphins. Science tells us that the brain needs 25% more oxygen than other body organs. Laughter therapy increases the net supply of oxygen which helps in optimal performance and boosts energy levels.

- 4) ***Team Building:*** ‘People who laugh together work together.’ Laughter therapy is a powerful tool that connects people easily with each other. It also helps to develop a positive mental attitude, hope and optimism and increases communication skills to help in team building.
- 5) ***Motivation and Communication:*** For people working in front office and sales and marketing. Laughter therapy helps to bring a smile on their face and generate good feelings within the body. This enhances their communication and motivational skills thus increasing their client base and customer satisfaction.
- 6) ***Innovation And Creativity:*** The child like playfulness in Laughter therapy stimulates the right brain activity, which is the seat of creativity. This helps generate new ideas and new insights about workplace issues and problems. As one needs to introduce new ideas and constant innovation to stay ahead in this highly competitive market, Laughter therapy helps people become more creative and innovative.
- 7) ***Increases Attention Span in HR Trainings:*** Human brain cannot concentrate for more than 90 minutes after which the attention span reduces. Even a 5-10 minute Laughter therapy session can provide a great energy boost during long HR training sessions and conferences. It helps to increase the attention span, enhance learning skills, concentration powers and potential.

## **I. OCCUPATIONAL STRESS IN GENERAL**

*Cavanaugh.M. A, et.al., (2010)* conducted a study was to associate with two kinds of job demands or work circumstance, challenges and hindrance, are distinct phenomena that are differentially related to work outcomes. Specific hypothesis were derived from this general proposition and tested using a sample of 1,886 U.S managers and longitudinal data.

Regression results indicate that challenge related stress is positively related to job satisfaction and negatively related to job search.

**Agrawal. S, et.al., (2007)** investigated a study on the effect of age on occupational stress and job satisfaction among managers of different age groups. A sample in industrial managers working different large scale organisations was selected randomly for the present study. The occupational stress index and job descriptive index were, used to assess the level of stress and job satisfaction of the sample. The study reveals higher levels of stress and job satisfaction among managers of 25-35 years age than in the middle age 36-45 and the old age groups 46-55 years. The study also found that the age found to be negatively correlated with occupational stress and positively with job satisfaction.

**Lazarus, et.al, (2005)** the study conducted to determine influence of organisational variables (conflict, workload, and unfavourable work environment) on job stress among managerial persons and to examine whether this relationship varies according to the individuals level of neuroticism. Analysis of 285 responses using hierarchical regression revealed that three of the five organisational variables (conflict, blocked career, alienation) had significant effect on job stress, neuroticism was found to moderate effects on the three organisational stressors (alienation, workload and unfavourable environment) on job stress. In implications for the managerial practice and future research are discussed.

**Danie I.C, (2000)** conducted a study to test a model of occupational stress and coping strategies were predicted to proceed and determine the perception of job stressors which in turn were proposed to have an impact on the mental and psychological well being of the individual and his/her job satisfaction. Data were collected from 235 professionals employed in diverse companies within the southern country area. The study consists of 167 variables designated to measure coping, organisational stressors, well being and job satisfaction. The results showed that the proposed model accounts for the observed variability in the data. Implications for

conceptualizing and coping with the dysfunctional outcomes associated with work place stress are discussed.

**Robertson, et.al., (2000)** conducted a study of organisational climate, role stress and coping strategy amongst public sector executives. The sample sizes were 453 and variables under study was role stress, coping strategy and organisational climate. The findings of the study were role stress experienced was the general stress and the over load stress. Role erosion was the dominant stressor, followed by role isolation, resources inadequacy and personal inadequacy. Role stress was positively correlated with dysfunctional climate and avoidance coping strategy, where as negatively with functional climate.

**Sadar.LG, et.al.,(1999)** A study on occupational stress and coping pattern in an industry was conducted. The main focus of the study was to measure the occupational stressors and different coping strategies individuals adopt during stressful encounters. The sample consisted of 30 executives who suffered from stress. Both the groups were administered occupational stress index and coping check list. The result revealed that there is a significant difference between the two groups in the areas of work, role ambiguity, poor peer relations, low status, strenuous working conditions and powerlessness. The result pertaining to coping strategies reveal that there is a significant difference between action strategy and interpersonal strategy among the two groups.

## **2.1. REVIEW RELATED TO STRESS REDUCTION BY LAUGHTER THERAPY**

**Shadi Farifteh1, Alireza Mohammadi Aria, Alireza Kiamanesh, Bahram Mofid (2013)** conducted a research study , as the first step, 37 cancer sufferers , who had been hospitalized in Shohada Tajrish Hospital (Behnam Daneshpoor Charity Organization) and had the requirements for being taken as research samples, were selected for data collection. The mentioned patients were classified randomly in experiment and control groups. Collected data were analyzed by the multi-variable covariance analysis test The results shows there is a meaningful difference in the stress

average before and after interference in the test group ( $p < 0.05$ ).

***Laughter Revati C. Deshpande (2012)*** investigated on a healthy way to handle work place stress through yoga, meditation and soothing. The productivity in turn is dependent on the psychosocial well being of the employees. Stress can affect one's health, work performance, social life and the relationship with family members. The stress response is a complex emotion that produces physiological changes to prepare us for —fight or flight. || – to defend ourselves from the threat or flee from it. The stressors and its consequences are to be understood at individual and organizational level. Stress in the workplace has emerged as a major issue for businesses and has reached alarming proportions. Organizations must develop stress prevention as well as stress reduction techniques. This research focuses on practices adopted by organizations to prevent, minimize and to overcome the stress. The study aims at understanding use of yoga, meditation and soothing laughter by different organizations as an antidote to workplace stress.

***Ramesh Narula., Varsha Chaudhary., Kusum Narula., Ram Narayan, (2011)*** conducted a study on job stress, anxiety and stress reduction in medical education: laughter as an intervention as interventional, randomized control trial study was carried out on medical students of 4th Semester of RMCH, Bareilly, which has total 90 students. Using simple random sampling lottery method the whole class was divided in two groups- A and B consisting of 45 students each. Group A as control group and Group B experimental group. In first and last lecture of both groups Dass-21 was used as measuring scale, for job stress, anxiety and stress and results were compared to see the effect of laughter on these three negative emotions. Result: Comparison of Severe and Extremely severe Stress: In Group A 40.54% in class -1 increased to 47.54% in class- 4, while in group B initial 13.15 % was reduced to 0 % (highly significant). Anxiety: In group A, after Class 1 -57.45% increased to 61.11% after class 4, while in group B, after class 1- 23.68% reduced to 2.27% only (highly significant). Job stress: In group A, after Class 1 - 40.53% & 41.66 % after class 4 (not significant), while in group B, after class 1- 18.41% reduced to 0% (highly significant)

**Klatt M.D, (2009)** conducted a qualitative study was conducted among 50 individuals employed in various occupations in Eran. Individuals are divided as 15 workers, 15 managers, 9 guardians, 5 dentists, 6 teachers. Provided laugh for 30mts and after each section asked to continue in work environment. The result shows that there was a great relief from the stress after laughter therapy.

**Web M.D, (2009)** Laughing 100 times a day gives the same cardiac out put as 10 minutes of aerobic exercise. While many experts are divided about whether laughter especially has medical benefits, all agree it doesn't hurt. Researcher conducted a unique study and proved that 10-15 minutes of concentrated laugh reduces stress. Tan.S, (2007) A comprehensive literature review was undertaken which revealed an established body of work on both stress and humour. The study was conducted in America on the stress level of health professionals. In order to reduce the stress level, numbers of relaxation techniques and exercise programs have been used. Among these laughter is considered as the best stress busting.

**Berk, (2006)** Study done among the workers by simply providing to watching a humorous video. The researcher selected two group for this study experimental and control group. The researcher administered the humorous video to the experimental group and found that the stress level reduced in the experimental group and in control group no increase in the hormone level and reduction in stress level.

## **REVIEW OF LAUGHTER THERAPY FOR GENERAL**

**Rima Dolgoff-Kaspar, Ann Baldwin, M. Scott Johnson; Nancy Edling; Gulshan K. Sethi, (2012)** investigated on effect of laughter therapy on mood and heart rate variability in patients awaiting organ transplantation: a pilot study conducted by Six participants met for 10 sessions over 4 weeks. The research team measured each participant's heart rate, HRV, blood pressure (BP), and immediate mood before and after the laughter and control interventions by 20-minute laughter intervention involved breathing and stretching exercises, simulated laughter (ie,

unconditional laughter that is not contingent on the environment), chanting, clapping, and a meditation. The 20-minute control intervention involved the study's personnel discussing health and study-related topics with the participants. The research team measured BP, heart rate, and HRV and administered the Profile of Mood States, Beck Anxiety Inventory, and Beck Job stress Inventory-II to evaluate immediate and longer-term mood. The team had planned quantitative statistical analysis of the data at the study's initiation but did not complete it because the number of enrolled participants was too low for the analysis to be meaningful. The team visually examined the data, however, for trends that would indicate areas to examine further in a follow-up study. The results were participants showed improved immediate mood (vigor-activity and friendliness) and increased HRV after the laughter intervention. Both the laughter and control interventions appeared to improve longer-term anxiety. Two participants awaiting a lung transplant dropped out of the study, and no adverse events occurred.

***Belinda Good enough., Lee-Fay Low., Anne-Nicole Casey., Lynn Chenoweth., Richard Fleming (2012)*** investigated on single-blinded cluster-randomized controlled trial where 398 consented residents in 35 residential aged care facilities will be allocated to receive laughter therapy or usual care. Residents allocated to the intervention group will engage in laughter therapy with professional performers (Elder Clowns) and trained facility staff (Laughter Bosses) for a minimum of nine two-hour sessions over 12 weeks as well as engaging laughterously with Laughter Bosses during the course of daily care. The usual care control group will not engage in any formal laughter therapy. Researchers, blind to treatment allocation, will assess residents at baseline (week 0), post-intervention (week 13), and follow-up (week 26). The measurement suite includes the Cornell Scale for Job stress in Dementia, the Dementia Quality of Life Scale, the Multidimensional Observation Scale for Working personnel Subjects, the Cohen-Mansfield Agitation Inventory, and the Neuropsychiatric Inventory. Observations of residents' engagement will be recorded at each laughter therapy session.

**Mayumi Hirosaki, Tetsuya Ohira, Mitsugu Kajiura, Masahiko Kiyama, Akihiko Kitamura, Shinichi Sato, Hiroyasu Iso (2010)** examined the effects of a once-weekly laughter and exercise program on physical and psychological health among working personnel people. A total of 27 individuals aged 60 years or older, without disabilities, were randomly assigned to either an immediate treatment group ( $n = 14$ ) or a delayed treatment group ( $n = 13$ ). The intervention was a 120-min session consisting of laughter and exercise, carried out once a week for 10 consecutive weeks. Measurements taken at baseline, 3 and 6 months included bodyweight, height, body fat, lean mass, bone mineral density, hemoglobin A1c (HbA1c), glucose, high-density lipoprotein and low-density lipoprotein cholesterol, and triglycerides, as well as self-rated health and psychological factors. Results: All participants completed the 3-month program. Bone mineral density increased significantly in the immediate treatment group compared with the delayed treatment group during the first 3 months ( $P < 0.001$ ). In addition, HbA1c decreased significantly ( $P = 0.001$ ), and self-rated health increased significantly ( $P = 0.012$ ).

**Mimi M. Y. Tse, Anna P. K. Lo, Tracy L. Y. Cheng, Eva K. K. Chan, Annie H. Y. Chan, and Helena S. W. Chung (2009)** examined the effectiveness of a laughter therapy program in relieving chronic pain, enhancing happiness and life satisfaction, and reducing loneliness among older persons with chronic pain. It was a quasiexperimental pretest-posttest controlled design. Older persons in a nursing home were invited to join an 8-week laughter therapy program (experimental group), while those in another nursing home were treated as a control group and were not offered the program. There were 36 older people in the experimental group and 34 in the control group. Upon completion of the laughter therapy program, there were significant decreases in pain and perception of loneliness, and significant increases in happiness and life satisfaction for the experimental group, but not for the control group.

**Brutsche .M.H. et. al., (2008)** conducted study on impact of laughter on air trapping in severe chronic obstructive lung disease. Static and dynamic



hyperinflation is an important factor of exertional dyspnea in patients with severe COPD. This proof-of-concept intervention trial sought to study whether laughter can reduce hyperinflation through repetitive expiratory efforts in patients with severe COPD. For small groups of patients with severe COPD ( $n = 19$ ) and healthy controls ( $n = 10$ ) Pello the clown performed a humor intervention triggering regular laughter. Plethysmography was done before and up to 24 hours after intervention. Laughing and smiling were quantified with video-analysis. Real-time breathing pattern was assessed with the Life Shirt, and the psychological impact of the intervention was monitored with self administered questionnaires. The intervention led to a reduction of TLC in COPD ( $p = 0.04$ ), but not in controls ( $p = 0.9$ ). TLC reduction was due to a decline of the residual volume. Four (22 [CI 95% 7 to 46] %) patients were  $\geq 10\%$  responders. The frequency of smiling and TLC at baseline were independent predictors of TLC response. The humor intervention improved cheerfulness, but not seriousness nor bad mood. In conclusion, smiling induced by a humor intervention was able to reduce hyperinflation in patients with severe COPD. A smiling derived breathing technique might complement pursed-lips breathing in patients with symptomatic obstruction.

***Beckman .H. et. al., (2007)***, effect of workplace laughter groups on personal efficacy beliefs. This study measured the impact of a purposeful aerobic laughter intervention on employees' sense of self-efficacy in the workplace. Participants were 33 employees of a behavioral health center. They met for 15-minute sessions on 15 consecutive workdays and engaged in a guided program of non-humor dependent laughter. The primary outcome measure was the Capabilities Awareness Profile, a self-report self-efficacy questionnaire. Employees demonstrated a significant increase in several different aspects of self-efficacy, including self-regulation, optimism, positive emotions, and social identification, and they maintained these gains at follow-up. Purposeful laughter is a realistic, sustainable, and generalizable intervention that enhances employees' morale, resilience, and personal efficacy beliefs

*Stuber.M., et. al., (2007)* conducted a study on laughter, Humor and Pain Perception in Children. Although there are many clinical programs designed to bring humor into pediatric hospitals, there has been very little research with children or adolescents concerning the specific utility of humor for children undergoing stressful or painful procedures. Laughter, a nonprofit organization interested in the use of humor for healing, collaborated with UCLA to collect preliminary data on a sample of 18 children aged 7–16 years. Participants watched humorous video-tapes before, during and after a standardized pain task that involved placing a hand in cold water. Pain appraisal (ratings of pain severity) and pain tolerance (submersion time) were recorded and examined in relation to humor indicators (number of laughs/smiles during each video and child ratings of how funny the video was). Whereas humor indicators were not significantly associated with pain appraisal or tolerance, the group demonstrated significantly greater pain tolerance while viewing funny videos than when viewing the videos immediately before or after the cold-water task. The results suggest that humorous distraction is useful to help children and adolescents tolerate painful procedures. Further study is indicated to explore the specific mechanism of this benefit.

*Hayashi. et. al., (2006)*, conducted a study on laughter modulates prorenin receptor gene expression in patients with type 2 diabetes. The purpose of this study was to assess whether laughter influences the expression of the receptor gene for prorenin that participates in the progression of diabetic nephropathy. Sixteen normal subjects and 23 patients with type 2 diabetes [12 nephropathy (–) and 11 nephropathy (+)] were recruited to examine the effects of laughter on the modulation of prorenin receptor gene expression. After watching a comedy show, laughter-induced changes in the levels of blood prorenin and the expression of prorenin receptor gene were analyzed by an antibody-activating direct enzyme kinetic assay and by reverse transcriptase polymerase chain reaction, respectively. The result was, in diabetic patients, laughter decreased the level of blood prorenin [93.4–60.4 ng/l in nephropathy (–) patients, 196.6–166.7 ng/l in nephropathy (+)

patients] and up-regulated the prorenin receptor gene [1.49-fold in nephropathy (-) patients, 1.46-fold in nephropathy (+) patients]. No significant changes in the expression of this gene were recognized in normal subjects. The study concluded that the beneficial effects of laughter on preventing the exacerbation of diabetic nephropathy are strongly suggested in terms of normalizing the expression of the prorenin receptor gene followed by reducing the level of blood prorenin.

***Gelkopf .M. et. al., (2006)*** a conducted study on the effect of humorous movies on inpatients with chronic schizophrenic. 29 psychiatric inpatients in open wards participated in the study. The study group viewed humorous and the control group viewed neutral movies daily for 3 months. Participants were assessed before and after viewing movies with the Positive and Negative Symptom Scale, Calgary Job stress Scale, the State-Trait Anxiety Inventory, the State-Trait Anger Expression Inventory-2, the Multnomah Community Ability Scale, the Insight and Treatment Attitude Questionnaire, and the Working Alliance Inventory. Reduced levels of psychopathology, anger, anxiety, and job stress symptoms and an improvement in social competence were revealed in the study group. No changes were observed in treatment insight or working alliance. Video films are a practical and cost-efficient means of entertainment that seem to have a positive effect on patient morale, mood, and mental status.

***Antony.L., (2005)*** conducted a study to assess the quality of life among the working personnel before and after laughter therapy in a selected old age home, Kerala. The researcher design used in this study was pre-experimental. Sample size was 30. Data collection tool, were validated and the reliability ( $r = 0.98$ ). Pilot study was done to test the feasibility of the study. The data collected were tabulated, analyzed and interpreted using EPI INFO 2000 software. The paired “t” test value revealed that there was a significant increase in the level of quality of life after laughter therapy among working personnel Hospital Working personnel ( $P < 0.05$ ). It was joined that there was significant difference in all the domains of quality of life after implementation of laughter therapy.

## **2.2. CONCEPTUAL FRAMEWORK**

Conceptual framework deals with concepts assembled together by virtue of their relevance to research problem which provides a certain frame of reference to clinical practice, research and education. The framework gives direction for planning research design, data collection and interpretation of findings.

### **BETTY NEUMANN'S HEALTH CARE SYSTEM MODEL.**

The present study was intended to find out effectiveness of laughter therapy in reduction of stress among working personnel in selected hospital at Chennai. The conceptual framework is based on Betty Neumann's health care system model. According to this model affords a total person approach (or) holistic client approach is given by providing the multidimensional view of a person as an individual. This model includes holistic client approach, open system, basic structure, environment, and stressors, line of defense and resistance, degree of reaction, three levels of prevention as intervention. Holistic client approach mainly focuses dynamic and constant interaction between client and environment. Betty Neumann's model focuses on stress and stress reduction is primarily concerned with the effect of stress on health.

### **BASIC CORE STRUCTURE**

According to the Neumann's model the person has core circle consisting of basic structures. These basic structures encompass the factors necessary for client survival. These factors also includes physiological, psychological, socio cultural, developmental and spiritual variable. Surrounding the basic core structure is concentric circle, which includes the line of resistance and line of defense.

A solid line which is outside of the Line of Resistance is called Normal line of defense. It is an equilibrium state or the adaptation state that a client can make some adjustment to overcome the stressors. Flexible line of defense is a broken line which is outside of the Normal line of defense. It acts as a

protective barrier to prevent stressors. It is dynamic and can change rapidly over a short time. The series of lines surrounding the basic core structure is called Line of resistance. It represents the internal factors of the person that helps defend against stressors. The degree of reaction is the amount of system instability occurs after the exposure to stressors. Neumann describes stressors as any environmental force and it include tension producing stimulus that has the potential to affect a person's normal line of defense. According to Neumann's there are some specific interventions like primary, secondary and tertiary prevention which is used to retain or maintain system stability.

## **ASSESSMENT**

The internal and external forces can affect the working personnel at any time which is considered as environment. It includes intrapersonal, interpersonal and extra personal factors. Stressors are any environment force that alters system stability. A person's or working personnel reaction to a stressor is determined by natural and learned resistance which is manifested by the strength of the lines of resistance and the normal and flexible line of defense.

In this present study working personnel working in hospital is viewed as an open system that is influenced by various stressors like age, marital status, religion, financial support, occupation, number of children, duration of stay etc. The working personnel working in hospital are having work stress; family stress and emotional stress are considered as their environment. In the flexible line of defense, working personnel people take the life changes as normal phenomenon. In the normal line of defense, working personnel people try to use coping mechanism to adjust with stressful situation. Working personnel people again possess a line of resistance which attempts to stabilize the individual according to the ability to cope up with the problems. But when the stressors cross through the line of resistance due to the intensity, it may alter the basic structures and shows various stress reaction.

## **INTERVENTION**

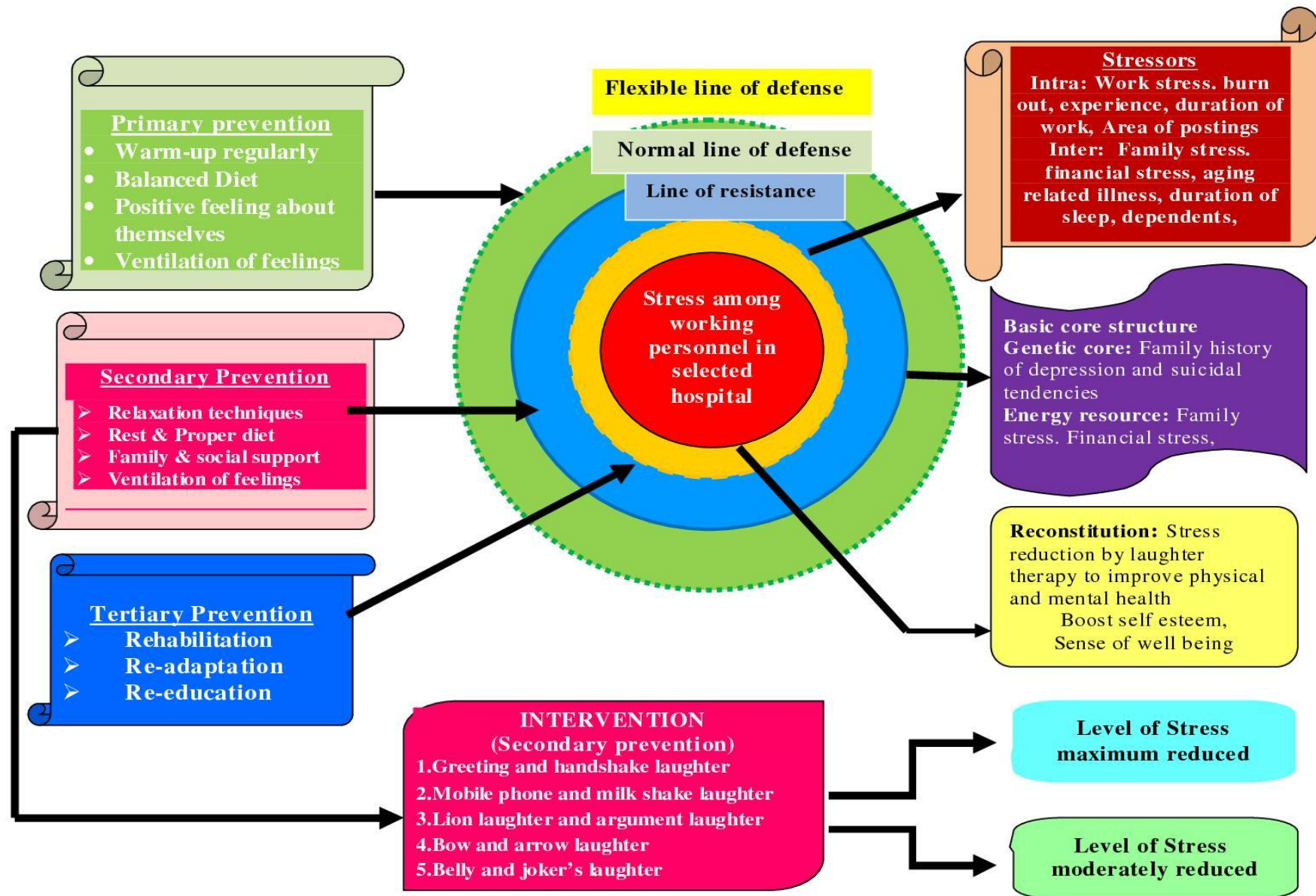
The goal of nursing is to keep the person healthy and stable. Specific interventions like primary, secondary and tertiary prevention are used to retain or maintain system stability. Primary prevention includes exercise regularly, relaxation, and ventilation of feelings, proper diet, social support, maintain positive feeling about us. Secondary prevention includes stress reduction by relaxation techniques, exercises, rest and proper diet, family and social support and, ventilation of feelings. Tertiary prevention includes rehabilitation like re-adaptation and re-education to prevent future occurrence and maintenance of stability. In this study the practice of laughter therapy is one of the relaxation techniques which are used as secondary prevention for reducing the level of stress.

## **EVALUATION**

It is the end product of a system as a result of its process; it refers to decrease or maintain the stress among the working personnel working in hospital and is measured by posttest.

## **RECONSTITUTION**

It is a state of person system to adapt the stressor that is called as reconstitution. It includes stress reduction by laughter therapy, thereby improving physical and mental health, boosting self-esteem and sense of well-being.



CONCEPTUAL FRAME WORK BASED ON MODIFIED BETTY NEUMANN'S HEALTH CARE SYSTEM MODEL

## **CHAPTER –III METHODOLOGY**

### **1.1. APPROACH**

The research approach was selected as quantitative approach to assess the level of stress among the working personnel in selected hospital and to evaluate the effectiveness of laughter therapy intervention.

### **1.1. DATA COLLECTION PERIOD:**

The data collection period was limited to four weeks.

### **3.3. RESEARCH SETTING**

The study was conducted in Dr.G.D.Boaz Memorial Hospital, Santhoshapuram, working personnel who is for taking care of mentally ill patients, which is a 100 bedded mental hospital. Today Dr.G.D.Boaz Memorial Hospital hosts 50 Male inpatients and 21 female inpatients with 60-80 working personnel in different areas such as acute ward, chronic ward, general and special wards.

This setting was selected on the basis of feasibility of the study and the availability of sufficient sample.

### **3.4 RESEARCH DESIGN**

**Pre experimental design:** one group pretest and posttest design was used. It involved the collection of data from the samples both before and after the laughter therapy intervention

#### **SCHEMATIC OUTLINE OF RESEARCH DESIGN.**

<b>Sl. No</b>	<b>Group</b>	<b>Pre-Test</b>	<b>Intervention</b>	<b>Post-Test</b>
1	Working personnel caring the mentally ill clients	O <sub>1</sub>	X	O <sub>2</sub>

**O<sub>1</sub>** – Pre assessment of stress level among the working personnel.

**X-** Laughter therapy intervention



### ***Intervention Protocol***

Place	:	Bose Hospital, Santhoshpuram
Intervention	:	Laughter Therapy
Toll	:	Job Stress Scale [ARBO employee assistant]
Recipient	:	Working personnel
Duration	:	20 -40 minutes
Frequency	:	Twice in a day for 14 days
Administered by	:	Investigator

**O2-** Post assessment of stress level among working personnel

## **3.5 STUDY POPULATION**

### ***Target Population***

Working personnel are caring the Hospital Working personnel, in selected Hospital, Chennai.

### ***Accessible population***

The working personnel with stress in selected hospital at Chennai.

## **3.6 SAMPLE SIZE**

A sample of 60 working personnel who met the inclusion criteria was selected for this study.

## **3.7 CRITERIA FOR SAMPLE SELECTION**

### ***3.7.1. Inclusion Criteria***

- ❖ Both Male & Female workers who have educated up to higher secondary school
- ❖ Workers between the age group of 23yrs-50yrs
- ❖ Working personnel who are caring for more than two years.

### ***3.7.2 Exclusion Criteria***

- ❖ Working personnel who are not willing to participate
- ❖ Working personnel not available at the time of study

## **3.8. SAMPLING PROCEDURE**

Random Sampling was used to select the sample.

### ***3.8.1 Sample Size***

Sample = 60 samples.

## **3.9. RESEARCH VARIABLES**

There are two categories of variables discussed in this study

**Independent variable:** Laughter Therapy

**Dependent variable:** Working personnel

## **3.10 DEVELOPMENT AND DESCRIPTION OF TOOL**

### ***3.10.1 Development of the tool***

#### ***Tool Used For the Study***

The tool consists of the following sections.

#### ***1. Section A***

***Socio-Demographic Data:*** The tool will be constructed by the researcher and will be used to collect relevant socio demographic data such as age, gender, religion, education, year of experience in hospital, marital status, food habits, leisure time activity, duration of sleep and exposure to stressful situations.

#### ***2. Section B***

***Stress Scale: Job Stress Scale [ARBO employee assistant],*** It's one of the commonly used scales for rating stress in job. The Job Stress Scale consists of 20 items with response options in a 5 point rating scale (1 -never, 2-

occasionally, 3-somewhat often, 4-frequently, 5-Almost always)

Maximum score: 100

Minimum score: 25

### ***Score interpretation***

The interpretation of the score by the level of stress among the working personnel in selected hospital. The score is classified into three categories:

<b>Level of stress</b>	<b>Range</b>
Mild	0-25
Moderate	26-40
Severe	41-55

### ***3.10.2 Content validity***

Data collection tool was an instrument that measures the variables interest of the study accurately, precisely and sensitively.

Content validity of the tool was obtained from experts in the field of psychiatric nursing, psychiatry, psychology and statistician. The experts were an associate professor, psychiatrist and clinical psychologist. The experts were requested to check the relevance, sequence and adequacy of the content. There was uniform agreement of the tool which was adopted to conduct the study. Hence, the investigator precedes the same tool.

## **3.11 PILOT STUDY**

The main objective of the pilot study was to help the researcher to become familiar with the use of tool and to find out the difficulties in the main study. The pilot study was conducted in Dr.G.D.Boaz Hospital, Santhoshapuram, Chennai. It was conducted for a period of one week. Sample of 10 working personnel were selected by random sampling technique. Confidentiality was assured. Informed consent was obtained from them before collection of the data.

After completion of laughter therapy sessions, the working personnel were assessed their stress level by using same scale.

### **3.12 RELIABILITY**

After pilot study reliability of the tool was assessed by using split half method. Job Stress Scale [ARBO employee assistant] score reliability correlation coefficient value is 0.86. This correlation coefficient is very high and it was good tool to assess the effectiveness of laughter therapy in reduction of stress among working personnel in selected hospital, at Chennai.

### **3.13 DATA COLLECTION METHOD**

- ❖ Formal permission will be obtained from the head of the institution.
- ❖ After obtaining the informed consent from the working personnel caring with patients, and assuring about the confidentiality of the information obtained, the investigator will administer the pre test questioner to the working personnel to assess the level of stress for 30 minutes.
- ❖ Based upon the result, the samples will be taken and will be further divided into two group using Random Sampling (lottery method).
- ❖ The laughter therapy will be administered for 20 minutes per day for two weeks to the two groups only.
- ❖ Post test will be administered 10 days after laughter therapy to two groups.
- ❖ Pilot study will be conducted in a similar setting prior to the main study.

#### ***Laughter Therapy Intervention***

- ❖ The intervention consist of laughter therapy which includes different types of laughter exercises like greeting laughter, handshake laughter, mobile phone laughter, milkshake laughter, lion laughter, argument laughter, bow and arrow laughter, belly laughter, jokers laughter, which will be given for 20 minutes per day for 10 days.

- ❖ Each day 5-9 laughter exercises will be done for ten days from the above stated laughter exercises.
- ❖ After 2-3 laughter exercises, relaxation done by the same.
- ❖ The intervention will be validated by experts.

### **3.14 DATA ANALYSIS PLAN**

The collected data will be analyzed by using descriptive and inferential statistics.

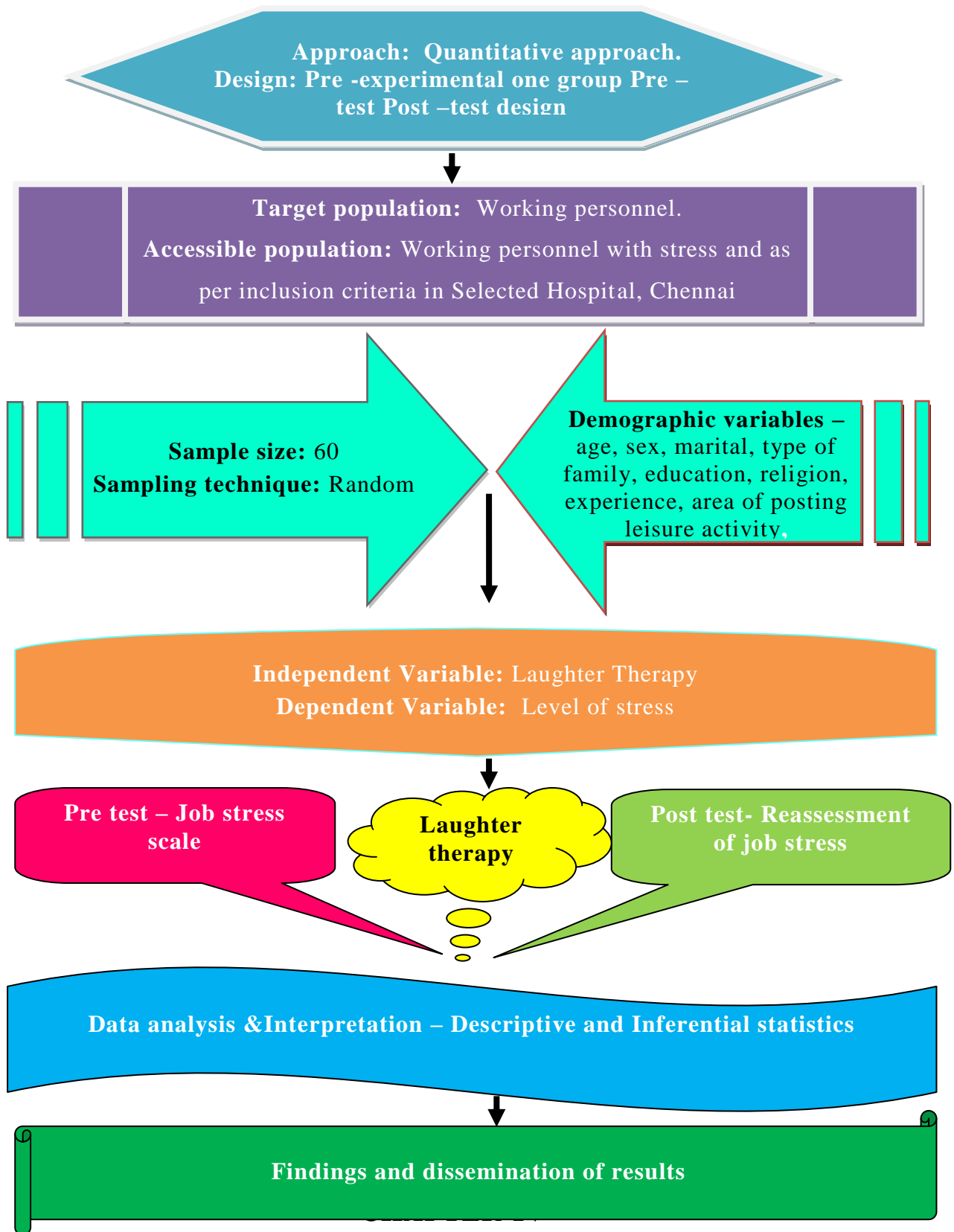
#### ***Descriptive statistics***

- ❖ Frequency and percentage distribution to analyze the demographical variables
- ❖ Mean and standard deviation to assess the stress level scores

#### ***Inferential statistics***

- ❖ Statistical 't' test is used to compare the pre and post test scores for statistical analysis.
- ❖ Chi square will be used to develop an association between socio-demographic variables and Stress.

### 3.1 SCHEMATIC REPRESENTATION OF RESEARCH STUDY



## **CHAPTER-IV**

### **DATA ANALYSIS AND INTERPRETATION**

Analysis and interpretation of the data obtained from 60 working personnel who were working in the selected hospital at Chennai. The collected data were tabulated and presented according to the objectives under the following headings:

- Section-A** Socio demographic variable of the working personnel
- Section-B** Stress level of the working personnel before laughter therapy
- Section-C** Post test level of the stress among working personnel after laughter therapy
- Section-D** Effectiveness of laughter therapy
- Section-E** Associate the effectiveness laughter therapy with selected demographic variables

### **STATISTICAL ANALYSIS**

- ❖ Demographic variables in categories were given in frequencies with their percentages. Stress score were given in mean and standard deviation.
- ❖ Association between demographic variables and reduction level of stress score were analyzed by using chi-square test
- ❖ Pre-test and post-test job stress score were compared using student's paired t-test.
- ❖ Differences between pretest and post-test score were analyzed using proportion with 95% CI and mean difference with 95% CI.  $P < 0.05$  was considered statistically significant.
- ❖ Simple bar diagram, multiple bar diagram, Doughnut diagram, Pie diagram and Box plot were used to represent the data.

***Section A: Table4.1: Distribution of socio demographic variables of job stress among hospital working personnel***

<b>Demographic Variables</b>	<b>Frequency(n)</b>	<b>Percentage (%)</b>
<b>Age</b>		
>25 yrs	10	16.7
25-35 yrs	38	63.3
Above 35	12	20.0
<b>Gender</b>		
Male	38	63.3
Female	22	36.7
others	-	-
<b>Marital status</b>		
Married	36	60.0
Unmarried	22	36.7
Divorce	-	-
Widow(er)	2	3.3
Remarried	-	-
<b>Educational status</b>		
Higher secondary	18	30.0
Graduate	30	50.0
Post graduate	12	20.0
<b>Type of family</b>		
Nuclear	30	50.0
Joint	30	50.0
Extended	-	-
<b>Year of experience in</b>		
1-15 years	22	36.7
6-10 years	28	46.7
11-15 years	6	10.0
>15 years	4	6.7
<b>Area of ward posting</b>		
Acute ward	16	26.7
Chronic ward	14	23.3
General ward	30	50.0



<b>Demographic Variables</b>	<b>Frequency(n)</b>	<b>Percentage (%)</b>
<b>Leisure time activity</b>		
Reading books	8	13.3
Watching TV	30	50.0
Games	22	36.7
Others	-	-
<b>Duration of sleep / day?</b>		
<8 hours	18	30.0
8 hours	34	56.7
>8 hours	8	13.3
<b>Duration of work/day?</b>		
8 hours /day	40	66.7
>8 hours/day	20	33.3
<b>Exposure to stressful situations</b>		
Occasionally	26	43.3
Frequently	34	56.7

**Table 4.1:** Shows the demographic information of working personnel in selected hospital at Chennai.

**Age group** wise working personnel were 25-35 years, about 63.3%, above 35 were 20% and >25 years were, 16.7%.

**Sex** wise that majority of working personnel were male 63.3% and females 36.7%

**Marital status** of working personnel, majority of them married 60% and Unmarried were 36.7% and widower 3.3%

**Educational status** of working personnel were majority of them graduates 50%, higher secondary 30% and post graduate 20 %.

**Type of family** of working personnel were nuclear and joint family equally 50 %

**Years of experience** of working personnel most of them were 6-10 years 46.7%, 1-5 years 36.7% and 11-15 years 10.0%

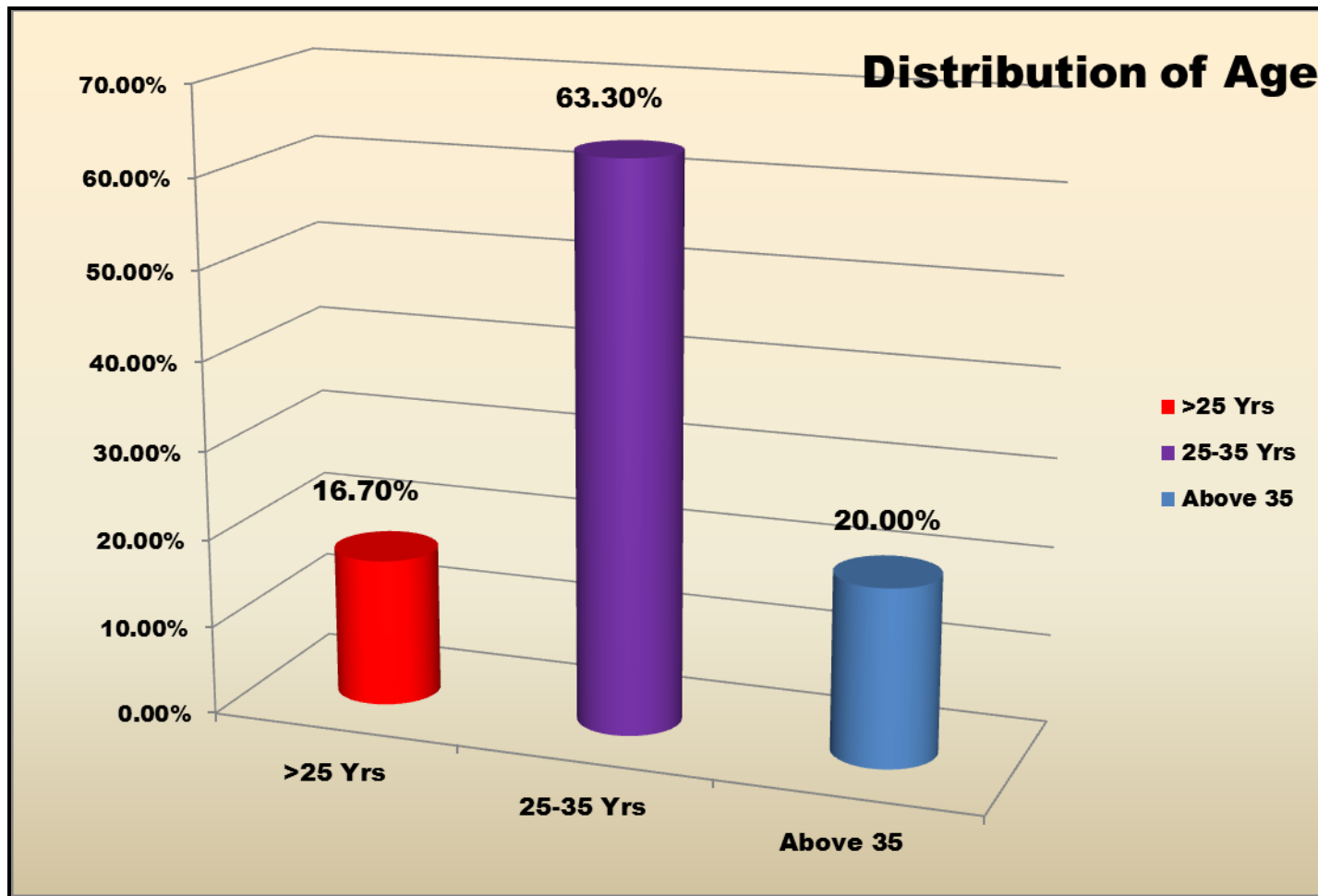
**Area of ward postings** of working personnel most of them working in general ward 50%, Acute ward 26.7% and chronic ward 23.30%

**Leisure Time Activity** of working personnel most of watching T.V 50%, playing games 36.7% and reading books 13.3%

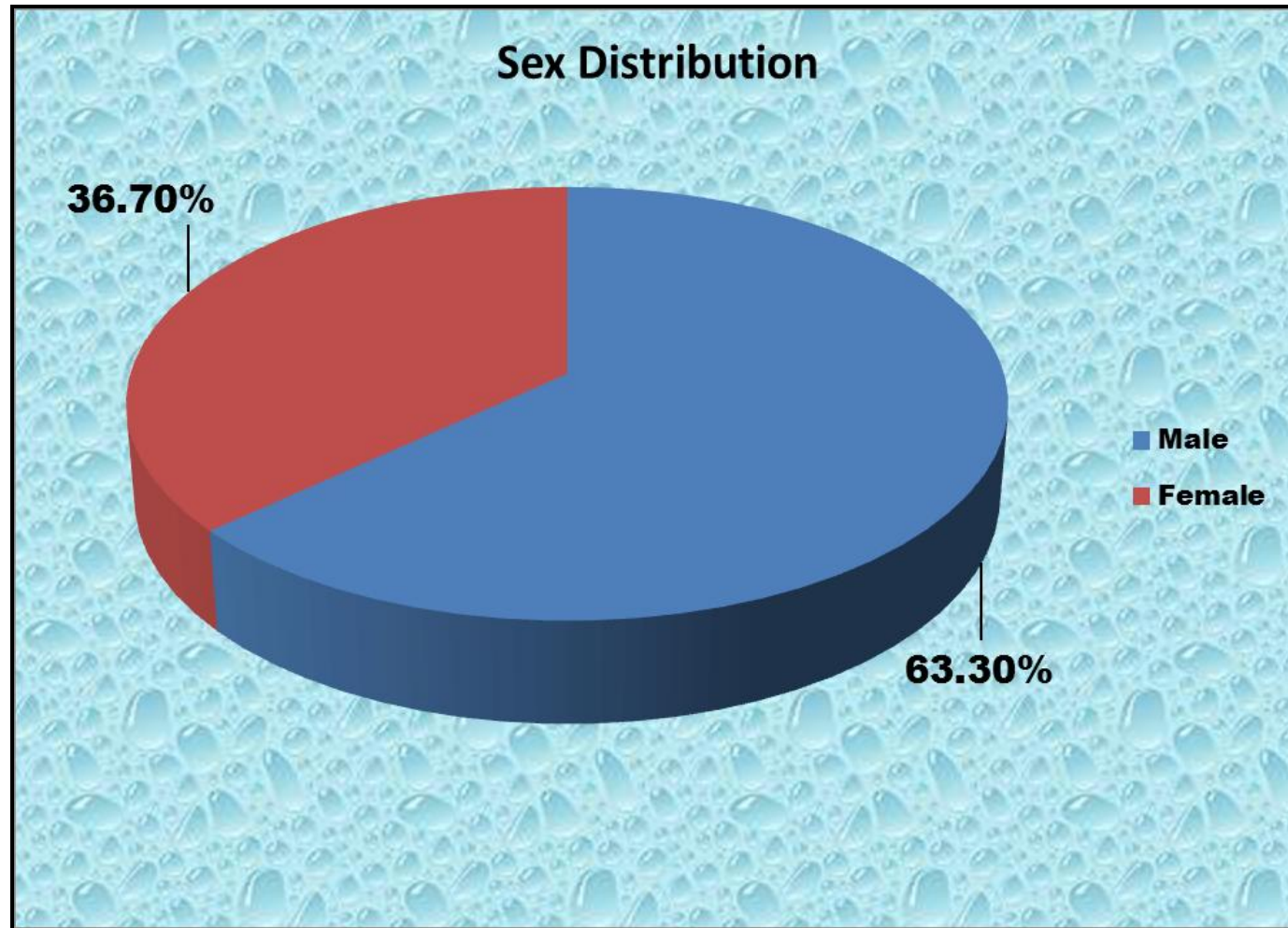
**Duration of sleep** of working personnel most of had sleep 56.7%, <8hours 30.0% and >8 hours 13.3%

**Duration of work /day** to working personnel most of them work for 66.7%, and >8 hours 33.7%

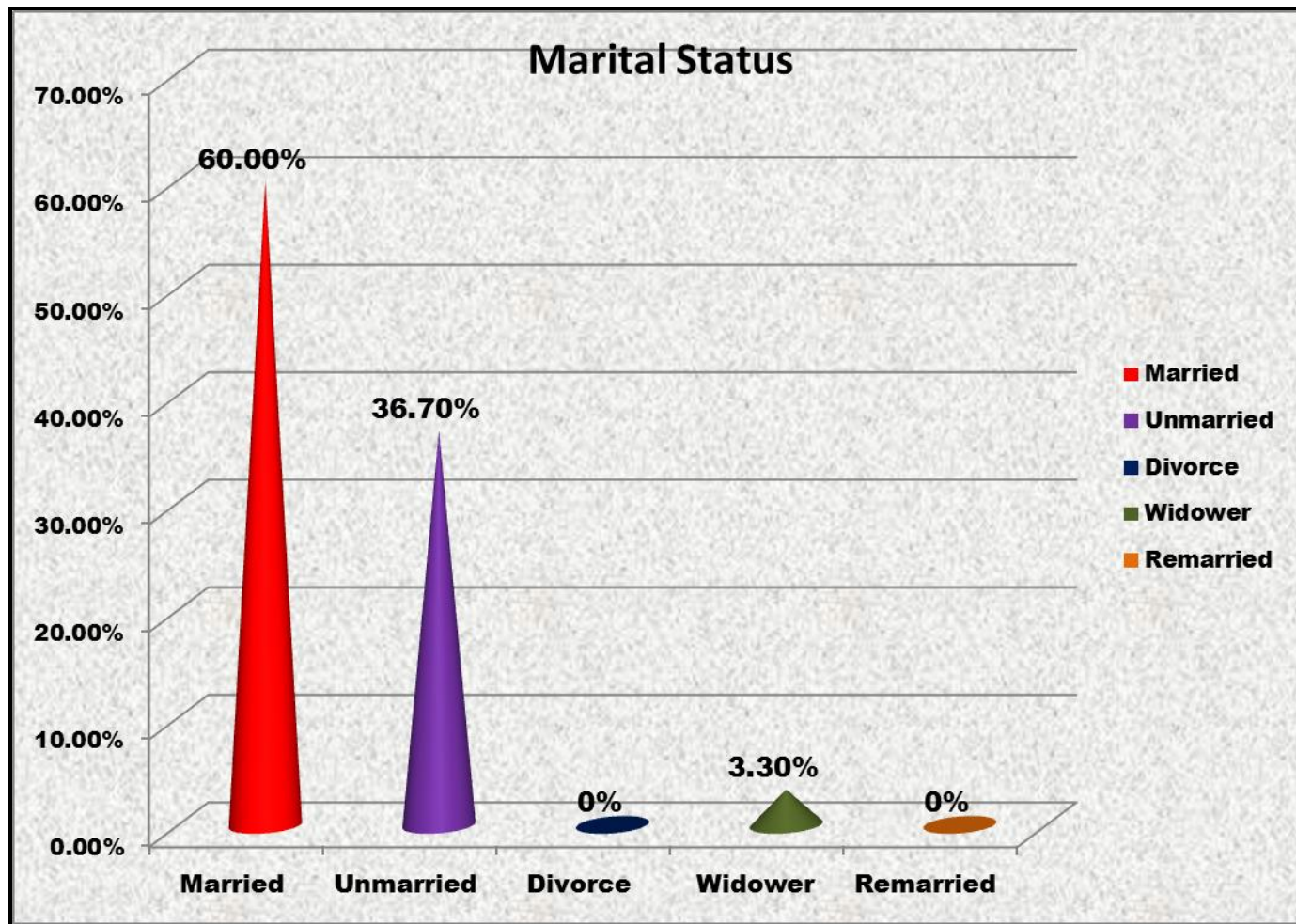
**Exposure to stressful situations** faced by working personnel most of had frequently 56.7%, and occasionally 43.3%



*Fig 1 shows age wise majority of working personnel were within the age group of 25-35 years 63.3% above 35 years 20.0% and >25 years were 16.70%*

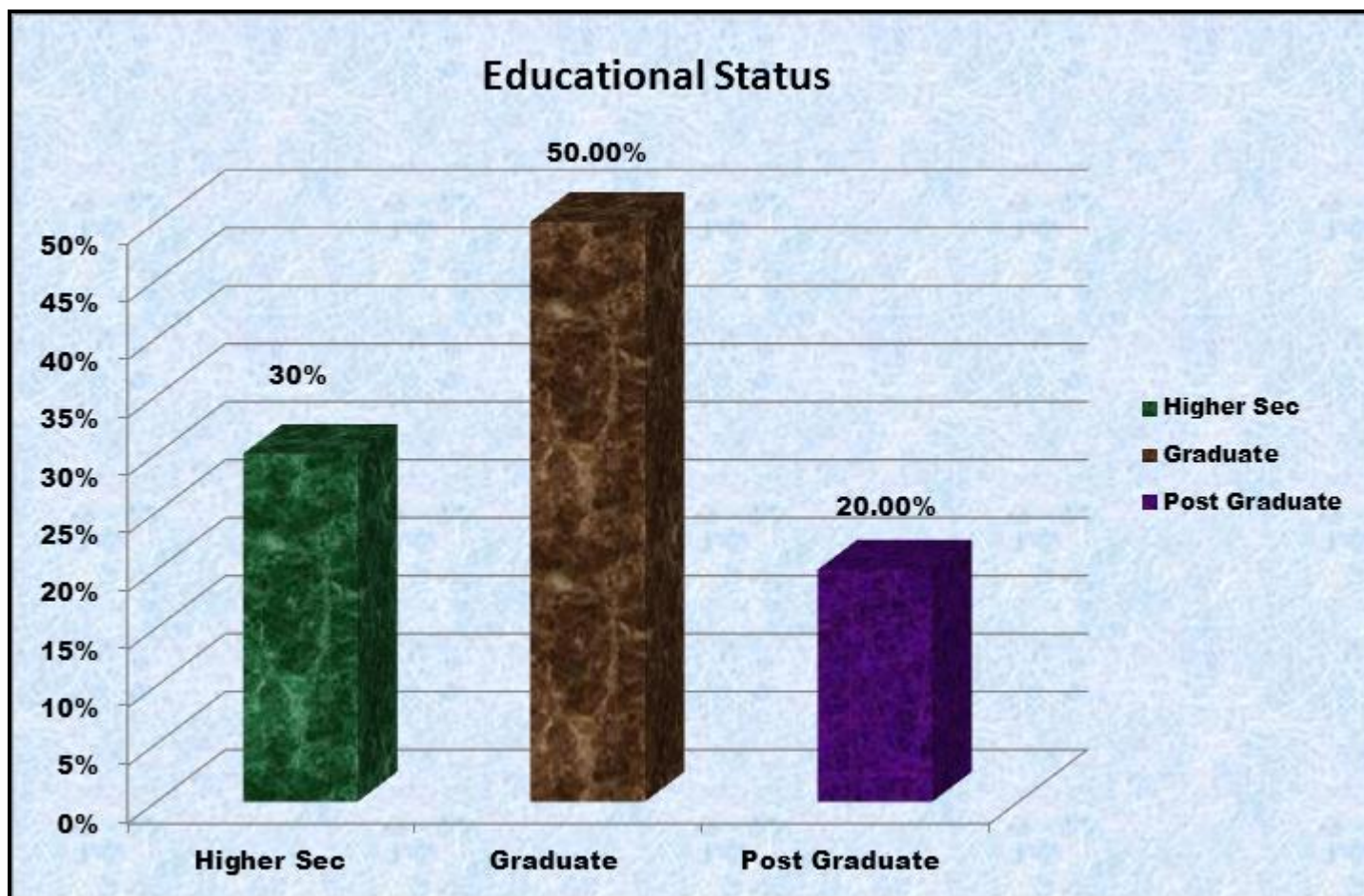


*Fig 2 shows that majority of working personnel were male 63.3% and females 36.7%*

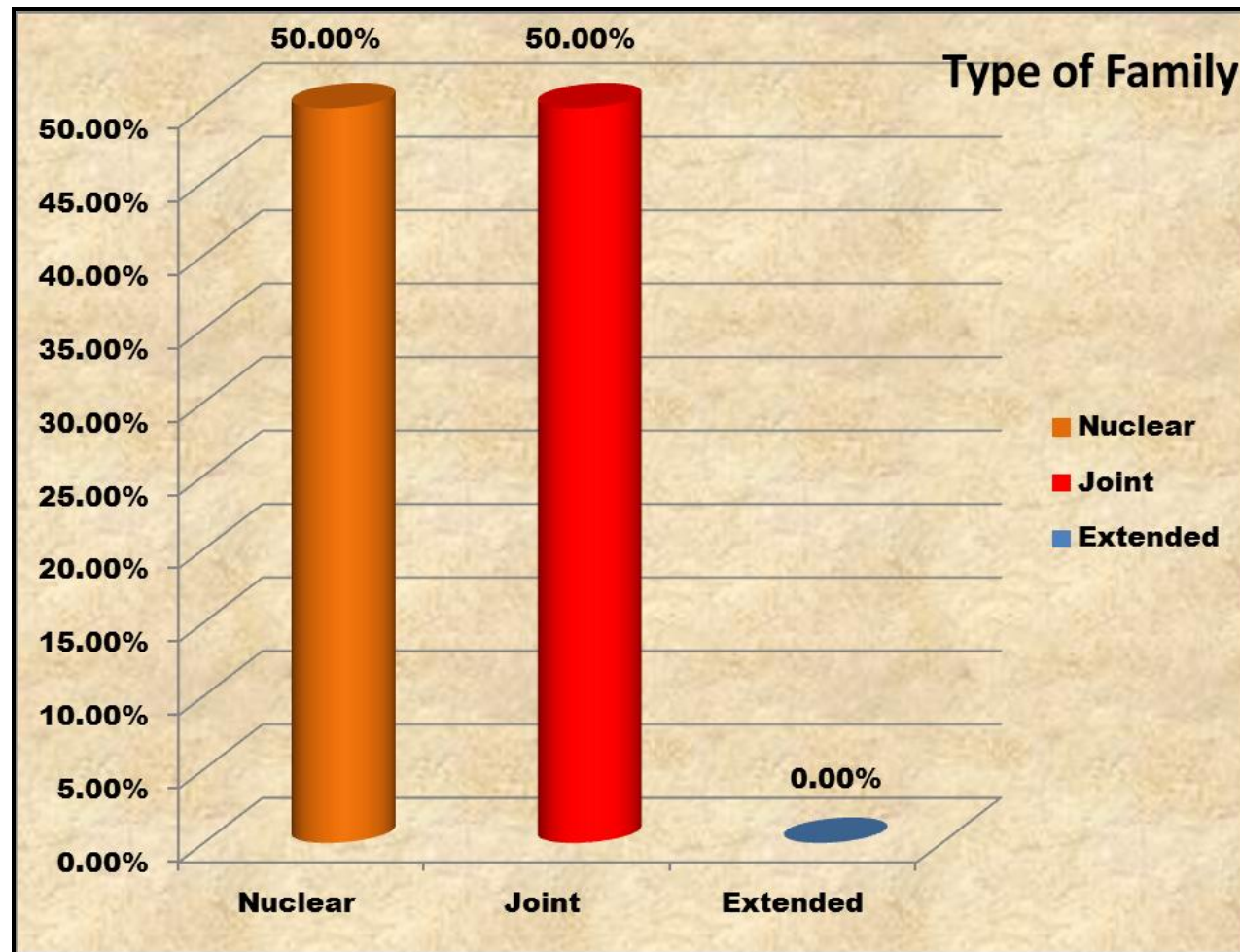


*Fig 3 shows marital status of working personnel, majority of them married 60% and Unmarried were 36.7% and widower 3.3%*

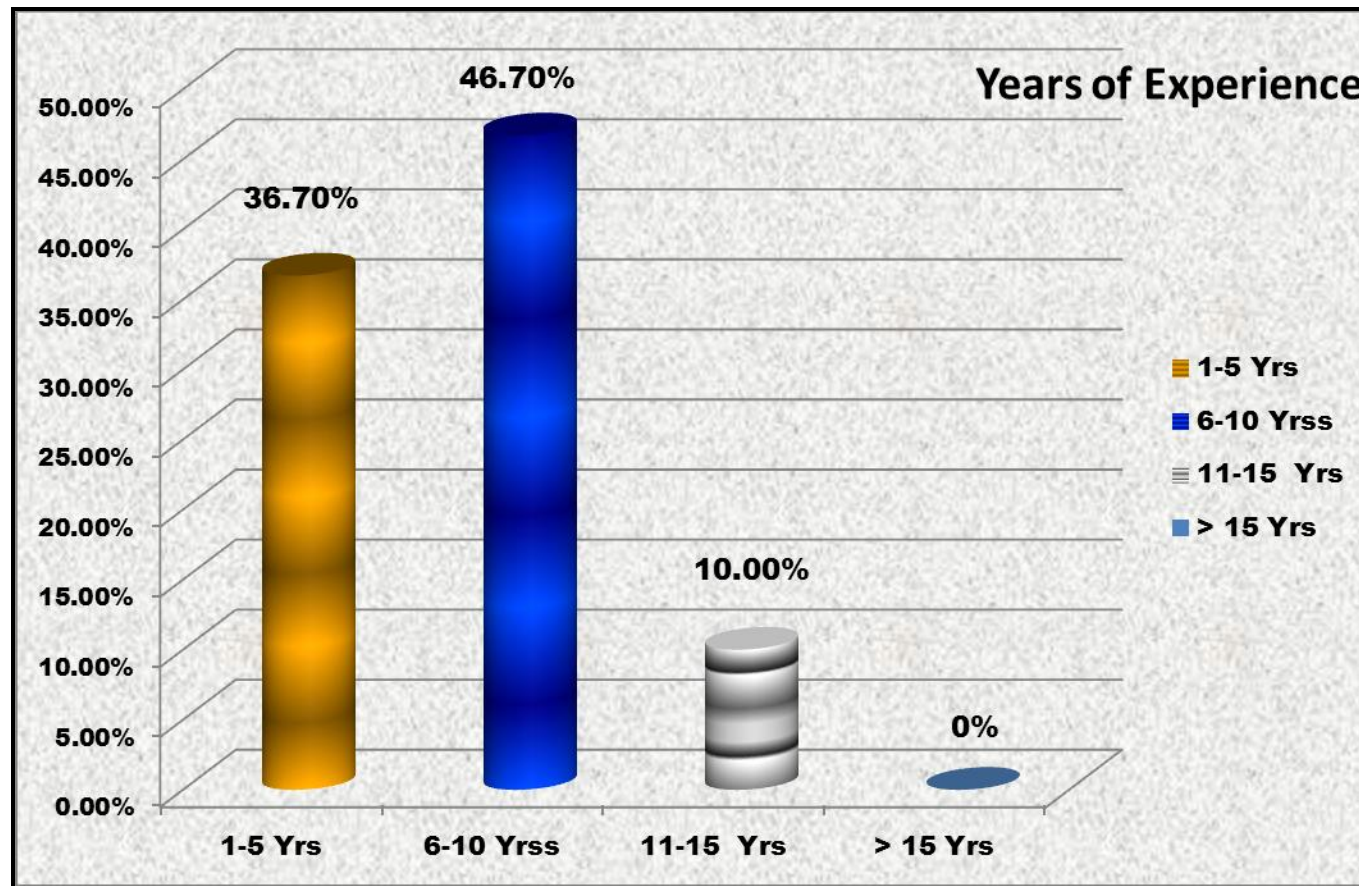




*Fig 4 shows educational status of working personnel were majority of them graduates 50%, higher secondary 30% and post graduate 20 %*

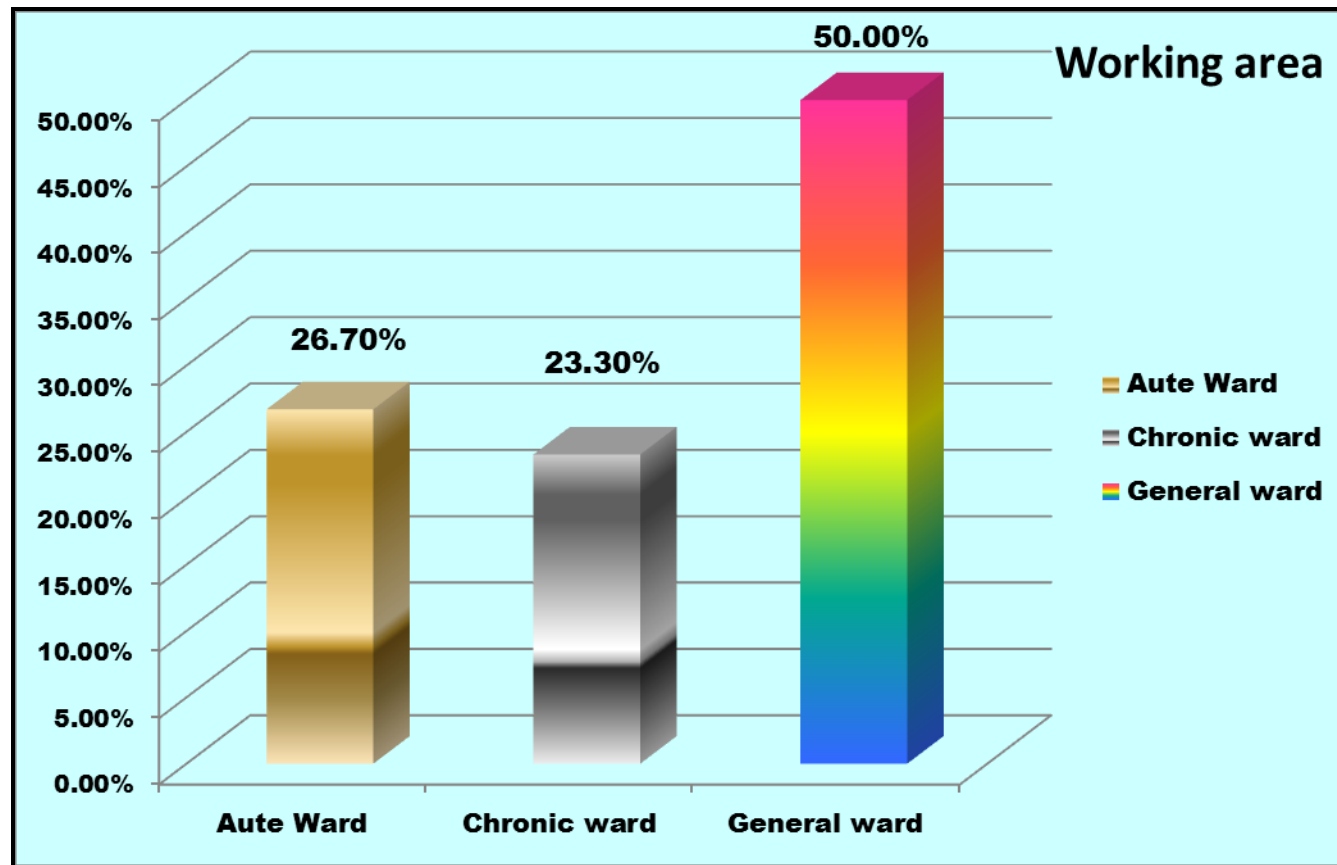


*Fig 5 shows type of family of working personnel were nuclear and joint family equally 50 %*

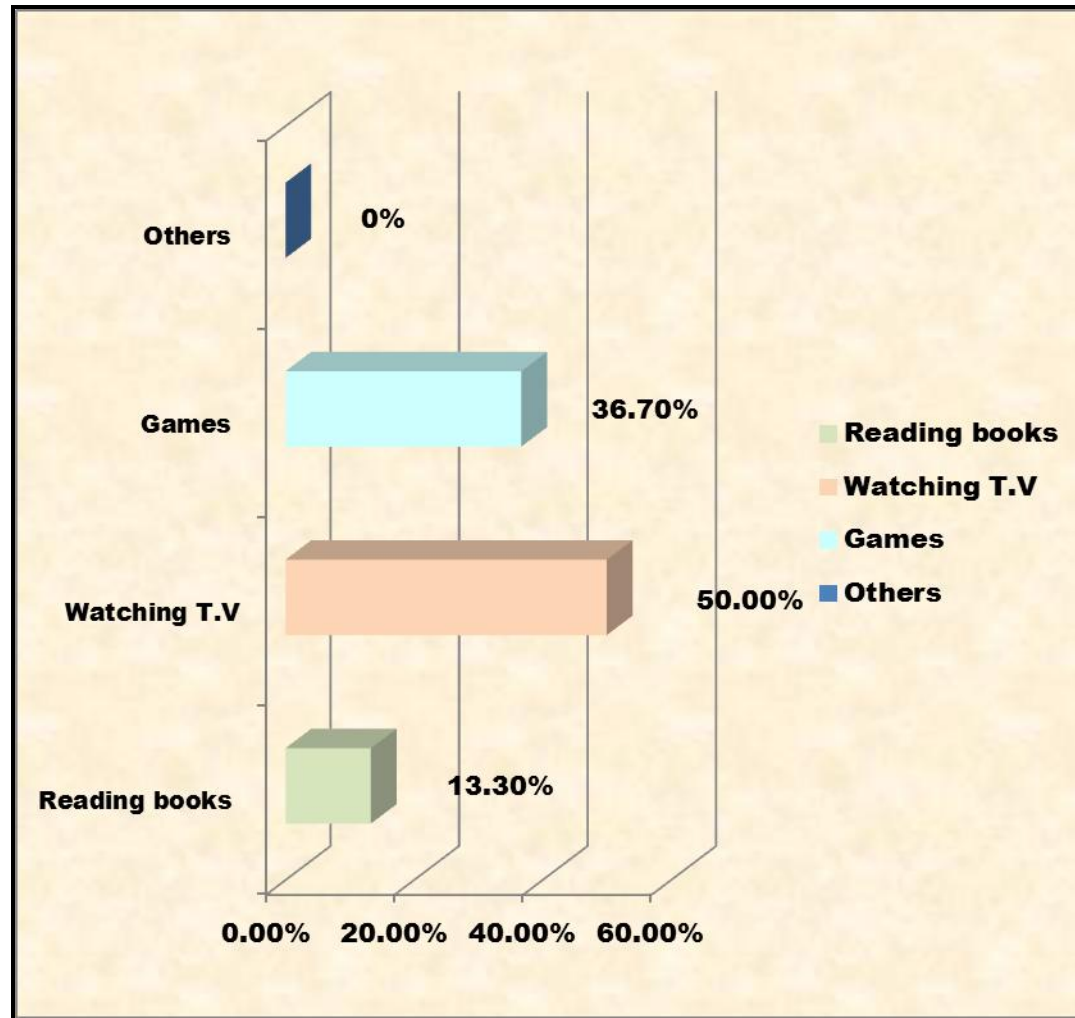


*Fig 6 shows years of experience of working personnel most of them were 6-10 years 46.7%, 1-5 years 36.7% and 11-15 years 10.0%*

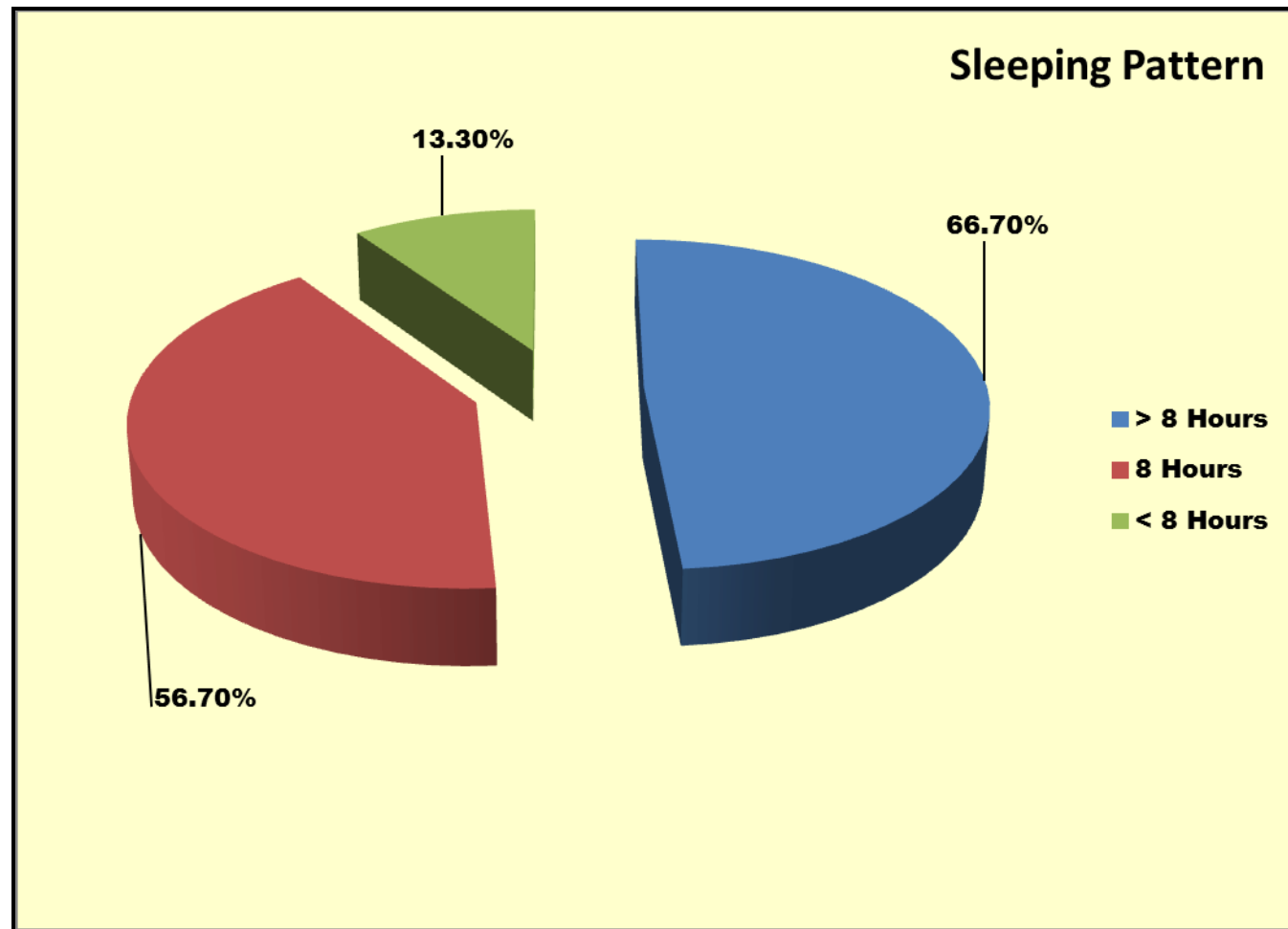




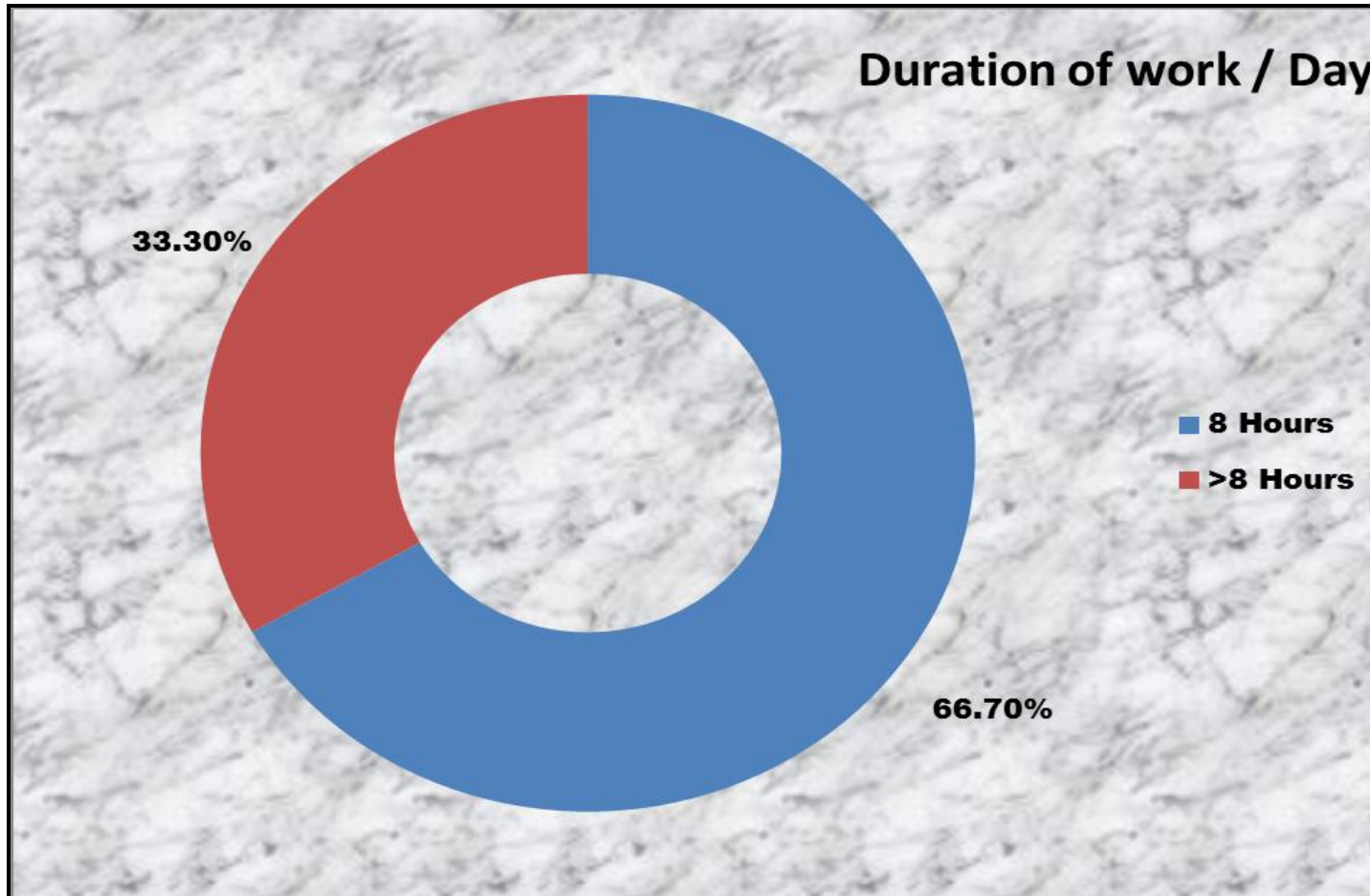
*Fig 7 shows area of ward postings of working personnel most of them working in general ward 50%, Acute ward 26.7% and chronic ward 23.30%*



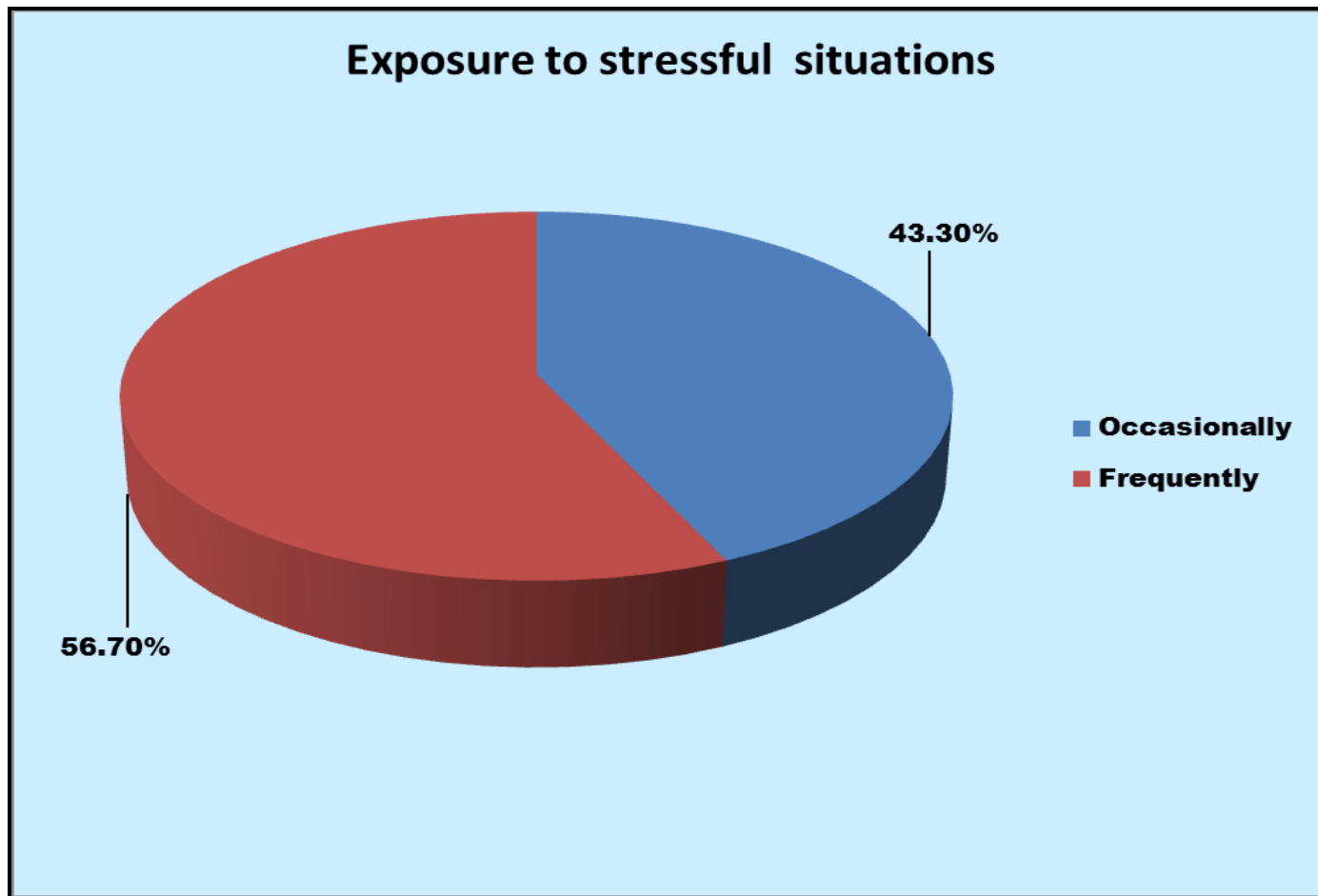
*Fig 8 shows leisure time activity of working personnel most of watching T.V 50%, playing games 36.7% and reading books 13.3%*



*Fig 9 shows duration of sleep of working personnel most of had sleep 56.7%, <8 hours 30.0% and >8 hours 13.3%*



*Fig 10 shows duration of work /day to working personnel most of them work for 66.7%, and >8 hours 33.7%*



*Fig 11 shows exposure to stressful situations faced by working personnel most of had frequently 56.7%, and occasionally 43.3%*

**TABLE: 2**

**PRE & POST TEST LEVEL OF STRESS**

Score	Level of stress	Pre test		Post test	
		No	%	No	%
0-25	No	34	56.7	58	96.7
26-40	Mild	24	40.0	2	3.3
41-55	Moderate	2	3.3	-	-
Total		60	100	60	100
Mean		12.2		13.6	
SD		10.2		3.8	

The above table 2 states that pre test level of stress presents among working personnel were No 56.7%, mild 40.0% and moderate 3.3%.

Post test level of stress presents among working personnel after laughter therapy intervention were no 96.7%, mild 3.3%.

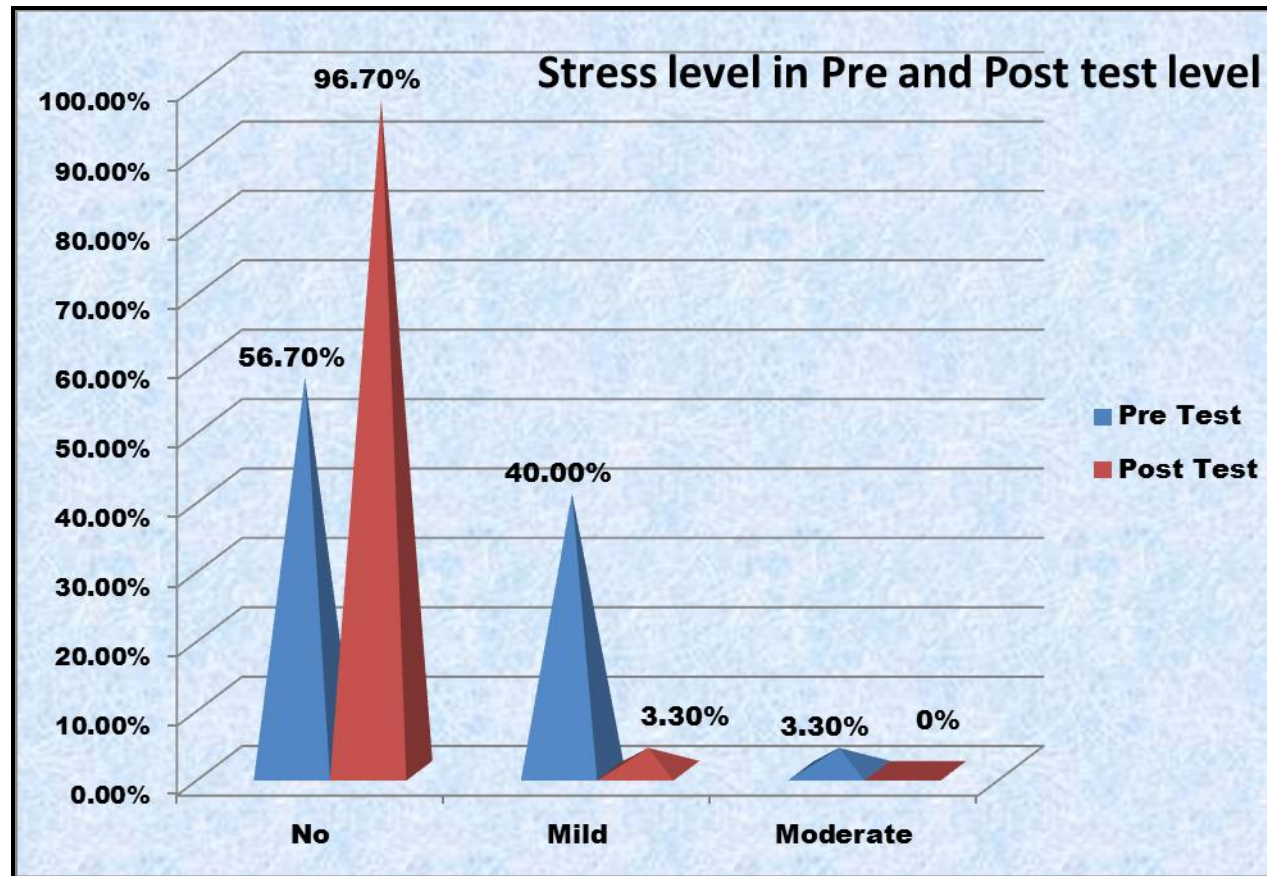
Effectiveness (Decreases in stress level)

Decreases in stress level (post test – pre test)

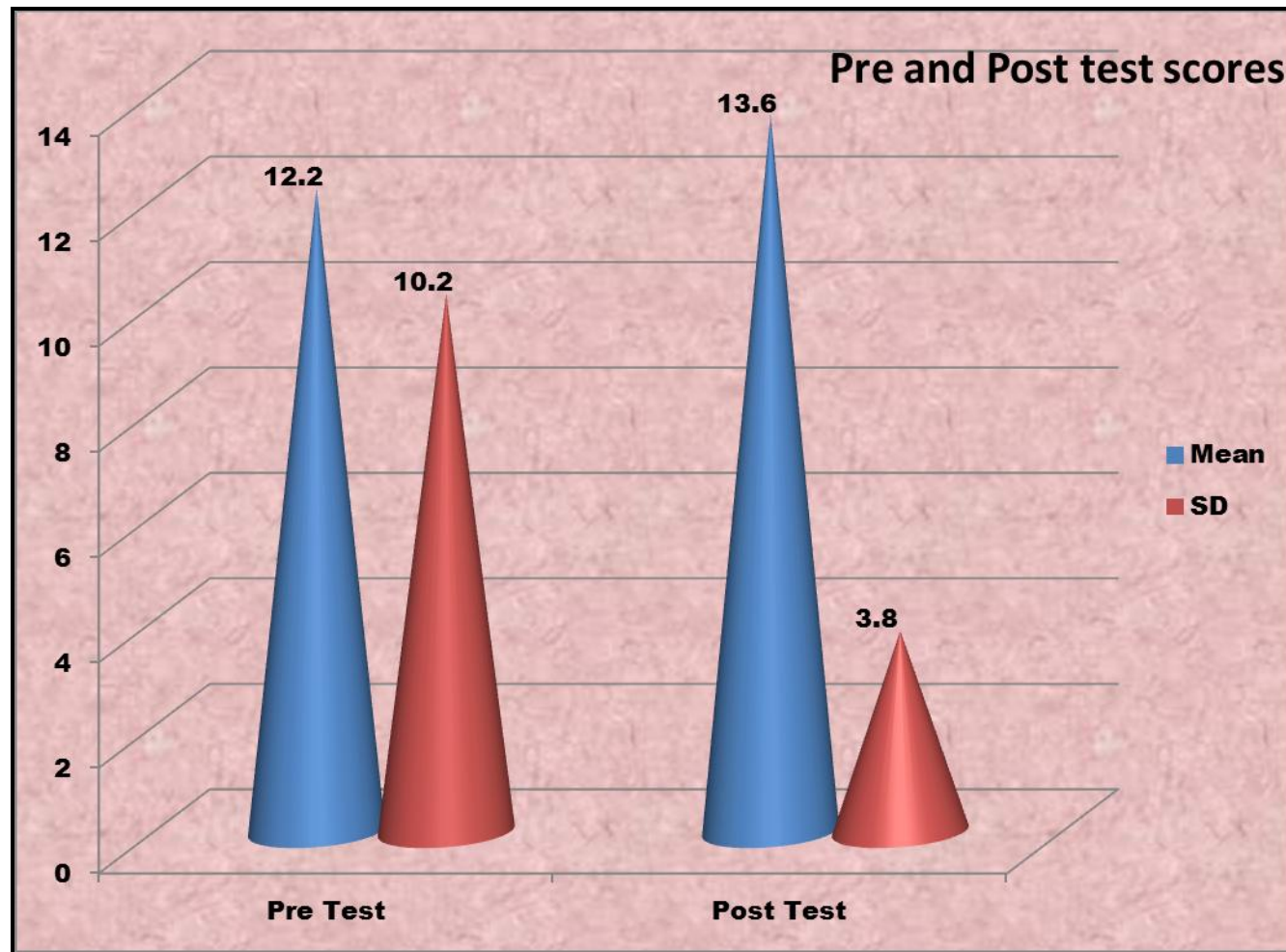
Mean increase : 1.4

Standard Deviation: 6.4

(Paired) t : 21.5(significant  $p < 0.001$ )



*The above figure 12 illustrate that most them had No stress level before laughter therapy intervention was 56.70%, by the effect of intervention it move up to 96.70%*



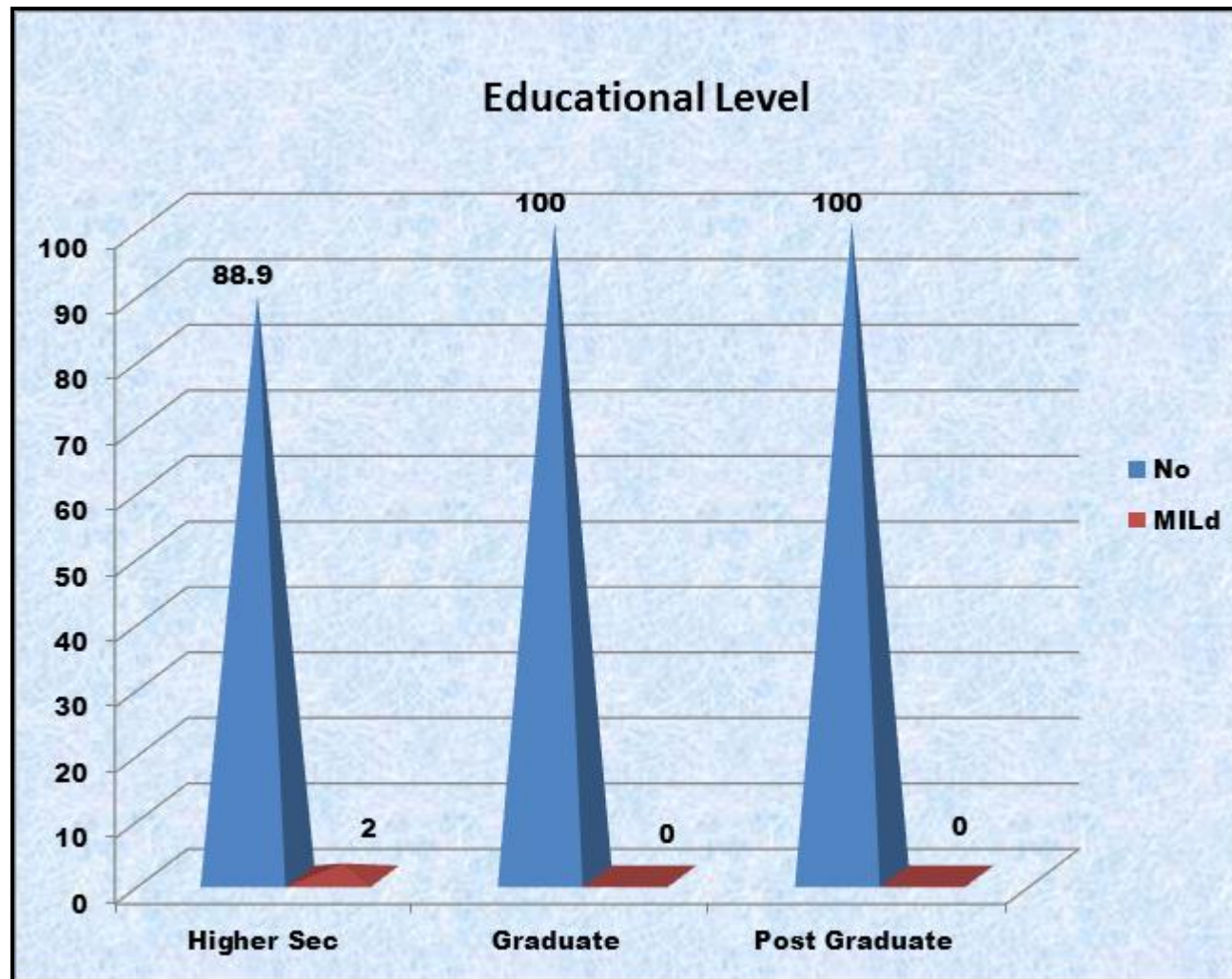
*Fig 13 The above figure 14 illustrate mean level difference 1.2 And standard deviation difference 6.4*



**TABLE:3: POST TEST LEVEL OF QOL ASSOCIATE WITH LAUGHTER THERAPY**

Demographic variables	Post test level of stress				χ <sup>2</sup>
	No		Mild		
	n	%	n	%	
Age					0.4 (NS)
>25 yrs	10	100.0	-	-	
25-35 yrs	36	94.7	2	5.3	
Above 35	12	100.0	-	-	
Gender					1.2 (NS)
Male	36	94.7	2	5.3	
Female	22	100	-	-	
others	-	-	-	-	
Marital status					3.1 (NS)
Married	36	100.0	-	-	
Unmarried	20	90.9	2	9.1	
Divorce	-	-	-	-	
Widow(er)	2	100.0	-	-	
Remarried	-	-	-	-	
Educational status					4.8* (S) P<0.001
Higher secondary	16	88.9	2	11.1	
Graduate	30	100.0	-	-	
Post graduate	12	100.0	-	-	
Type of family					2.1 (NS)
Nuclear	30	100.0	-	-	
Joint	28	93.3	2	6.7	
Extended	-	-	-	-	
Year of experience in					1.2 (NS)
1-15 years	22	100.0	-	-	
6-10 years	26	92.9	2	7.1	
11-15 years	6	100.0	-	-	
>15 years	4	100.0	-	-	

Demographic variables	Post test level of stress				$\chi^2$
	No		Mild		
	n	%	n	%	
Area of ward posting					4.8*(S)
Acute ward	16	100.0	-	-	
Chronic ward	14	100.0	-	-	
General ward	28	93.3	2	6.7	
Leisure time activity					1.3 (NS)
Reading books	8	100.0	-	-	
Watching TV	28	93.3	2	6.7	
Games	22	100.0	-	-	
Others	-	-	-	-	
Duration of sleep / day?					0.9 (NS)
<8 hours	18	100.0	-	-	
8 hours	32	94.1	2	5.9	
>8 hours	8	100.0	-	-	
Duration of work/day?					0.5 (NS)
8 hours /day	38	95.0	2	5.0	
>8 hours/day	20	100.0	-	-	
Exposure to stressful situations					1.6 (NS)
Occasionally	26	100.0	-	-	
frequently	32	94.1	2	5.9	



*Figure 14 illustrate that educational level was associate with laughter therapy*

## **CHAPTER-V DISCUSSION**

This chapter reveals a study on the effectiveness of Laughter therapy on working personnel and concludes that Laughter therapy is effective on hospital working personnel and improves psychological wellbeing.

Laughter therapy is one of the methods of healing contributing countless benefits. Laughter healing is not intended to replace the allopathic medicine, but rather to complement it. Laughter is doing cleansing and energizing with life forcing energy.

The investigator adopted pre-experimental, one group pretest and post-test design. Based on the sampling criteria, 60 hospital working personnel were selected by random sampling. Work stress level of personnel was assessed with Job stress scale after the pre-test Laughter intervention given for 7 consecutive days.

The data were statistically analyzed and the finding was discussed under the objectives formulated by the investigator.

***Section-A:*** Socio demographic variable of the working personnel

***Section-B:*** Existing level of the stress before laughter therapy

***Section-C:*** Post test level of the stress before laughter therapy

***Section-D:*** Effectiveness of laughter therapy

***Section-E:*** Associate the effectiveness laughter therapy with selected demographic variables.

***Objective-1: To describe the socio demographic profile of the Hospital working personnel***

***Age group*** wise working personnel were 25-35 years, about 63.3%, above 35 were 20% and >25 years were, 16.7%.

***Sex wise*** that majority of working personnel were male 63.3% and females 36.7%

***Marital status*** of working personnel, majority of them married 60% and Unmarried were 36.7% and widower 3.3%

***Educational status*** of working personnel were majority of them graduates 50%, higher secondary 30% and post graduate 20 %.

***Type of family*** of working personnel were nuclear and joint family equally 50 %

***Years of experience*** of working personnel most of them were 6-10 years 46.7%, 1-5 years 36.7% and 11-15 years 10.0%

***Area of ward postings*** of working personnel most of them working in general ward 50%, Acute ward 26.7% and chronic ward 23.30%

***Leisure Time Activity*** of working personnel most of watching T.V 50%, playing games 36.7% and reading books 13.3%

***Duration of sleep*** of working personnel most of had sleep 56.7%, <8 hours 30.0% and >8 hours 13.3%

***Duration of work /day*** to working personnel most of them work for 66.7%, and >8 hours 33.7%

***Exposure to stressful situations*** faced by working personnel most of had frequently 56.7%, and occasionally 43.3%

***Objective 2: Pre test level of the stress before laughter therapy***

The pre test level of stress presents among working personnel were No 56.7%, mild 40.0% and moderate 3.3%.

***Objective 3: Post test level of the stress before laughter therapy***

Post test level of stress presents among working personnel after laughter therapy intervention were no 96.7%, mild 3.3%.

***Objective 4: Effectiveness of laughter therapy***

Effectiveness is shown as decreases in stress level by undergo or adopt the technique of laughter therapy. So it decreases in stress level was viewed as difference post test – pre test level. It reveals that mean increase = 1.4 and S.D difference was 6.4 and effectiveness shown as decreases in stress level.

***Objective 5: Associate the effectiveness laughter therapy with selected demographic variables.***

In this investigator study the socio demographic variables like education and religion were associated with effectiveness of laughter therapy with the significant level of P 0.005.

## **CHAPTER –VI**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

The investigator conducted a study to assess the effectiveness of laughter therapy as a means reduce the level of job stress among the hospital working personnel at Boaz Hospital, Santhoshapuram , Chennai. The collected data were analysed by using the descriptive statistics (percentage, mean, standard deviation) and inferential statistics (student paired‘t’ test and chi square test). This chapter represents the essence of the study.

#### **6.1. MAJOR FINDINGS OF THE STUDY**

##### ***6.1.1 Findings of socio demographic profile of the Hospital working personnel***

- ❖ ***Age group*** wise working personnel were 25-35 years, about 63.3%, above 35 were 20% and >25 years were, 16.7%.
- ❖ ***Sex*** wise that majority of working personnel were male 63.3% and females 36.7%
- ❖ ***Marital status*** of working personnel, majority of them married 60% and Unmarried were 36.7% and widower 3.3%
- ❖ ***Educational status*** of working personnel were majority of them graduates 50%, higher secondary 30% and post graduate 20 %.
- ❖ ***Type of family*** of working personnel were nuclear and joint family equally 50 %
- ❖ ***Years of experience*** of working personnel most of them were 6-10 years 46.7%, 1-5 years 36.7% and 11-15 years 10.0%
- ❖ ***Area of ward postings*** of working personnel most of them working in general ward 50%, Acute ward 26.7% and chronic ward 23.30%

- ❖ ***Leisure Time Activity*** of working personnel most of watching T.V 50%, playing games 36.7% and reading books 13.3%
- ❖ ***Duration of sleep*** of working personnel most of had sleep 56.7%, <8 hours 30.0% and >8 hours 13.3%
- ❖ ***Duration of work /day*** to working personnel most of them work for 66.7%, and >8 hours 33.7%
- ❖ ***Exposure to stressful situations*** faced by working personnel most of had frequently 56.7%, and occasionally 43.3%

#### ***6.1.2: Pre test level of the stress before laughter therapy***

The pre test level of stress presents among working personnel were No 56.7%, mild 40.0% and moderate 3.3%.

#### ***6.1.3: Post test level of the stress before laughter therapy***

Post test level of stress presents among working personnel after laughter therapy intervention were no 96.7%, mild 3.3%.

#### ***6.1.4: Effectiveness of laughter therapy***

Effectiveness is shown as decreases in stress level by undergo or adopt the technique of laughter therapy. So it decreases in stress level was viewed as difference post test – pre test level. It reveals that mean increase = 1.4 and S.D difference was 6.4 and effectiveness shown as decreases in stress level, with 95% CI and mean differences with 95% CI. These results showed the effectiveness of the Laughter therapy. Maximum reduction among working personnel were burn out syndromes, work stress and lack of sharing were reduced.

#### ***6.1.5. Associate the effectiveness laughter therapy with selected demographic variables.***

In this investigator study the socio demographic variables like education and religion were associated with effectiveness of laughter therapy with the significant level of P 0.005.



## **6.2. IMPLICATIONS OF THE STUDY**

The results of the study have implications for nursing education, nursing practice, nursing administration and nursing research

### ***6.2.1 Nursing Practice***

- ❖ A psychiatric nurse must have the skills in teaching about stress and job stress reduction measures.
- ❖ Leaflets can be distributed to the people regarding Laughter therapy
- ❖ The nurse should have the skills to avoid stress and job stress in clinical as well as community setting.
- ❖ Nurses can arrange awareness programs regarding the effective use of Laughter therapy for the different aspects of health.
- ❖ Laughter therapy for the different aspects of health. Community psychiatric nurse can be given Laughter for rehabilitation
- ❖ In this study, the nurse must use laughter therapy as a tool for reduction of job stress among Hospital Working personnel.

### ***6.2.2 Nursing Administration***

- ❖ Nursing administrators must act as a back bone to provide facilities to reduce the job stress among the hospital working personnel and other persons at Institution.
- ❖ The administration can encourage the nurses to conduct research for prevention job stress.
- ❖ The administration can organize conferences, workshops, in-service education and seminars for nurses working in the hospitals and other health care centers regarding Laughter therapy for prevention and management of job stress.

### **6.2.3. Nursing Education**

- ❖ Nursing curriculum focuses on development of skills in identifying the stress and job stress level to reduce the job stress among hospital working personnel and its management.
- ❖ Conferences, workshops, a symposiums and seminars can be held for nurses for exchange of ideas on job stress and prepare them to have positive attitude towards challenges.
- ❖ Get their knowledge updated through in-service education regarding reduction measures of job stress, stress management and how to face the challenges, loss and threats.
- ❖ Make available literature related to Laughter therapy
- ❖ Laughter therapy can be used as one of the best alternative therapies and nursing curriculum should include Laughter.
- ❖ Nurse educator can learn laughter therapy and teach to the nursing students in order to promote their healthy life style and healthy learning..

### **6.2.4. Nursing Research**

- ❖ With scarcity of literature and research on Laughter therapy being the feature, the Investigator suggests more researches for treatment of job stress by providing Laughter therapy.
- ❖ Nurses should be encouraged to conduct research on Laughter therapy.
- ❖ Liberal allocation of funds, manpower, time and adequate training should be provided to nurses for conducting research.

## **6.3. LIMITATIONS OF THE STUDY.**

- ❖ The study can be done at the old age homes and orphanages
- ❖ The study can be done for studying long time effects of Laughter therapy.
- ❖ Maintenance of privacy found difficult.

- ❖ Since the sample size is small cannot take it as representative sample of general population.
- ❖ A study can be conducted at disaster affected areas by group Laughter.

#### **6.4. RECOMMENDATIONS FOR THE FURTHER STUDY**

- ❖ A similar study can be repeated with a large sample in a different setting.
- ❖ A similar study can be conducted as a comparative study with other complementary therapies and Laughter therapy.
- ❖ A longitudinal study can be undertaken to find out the long term effect of Laughter therapy on job stress.
- ❖ A similar study can be conducted for treatment of other psychiatric disorders like schizophrenia, post-traumatic stress disorder and personality disorder.
- ❖ The study can be conducted in community set up in order to identify the effect of Laughter therapy without medication.

#### **CONCLUSION**

Education in evidence based care gives the opportunity to nurses to improve their ability to apply theoretical knowledge to practice. Job stress is the condition which causes many psychological and physical problems in our life resulting even in termination. It occurs when a working personnel has difficulty dealing with challenging situations, continuous failures, over and negative expectations. Each person facing the problems reacts differently according to their inner abilities. This study concluded that nurse's role in managing the job stress is mandatory. Through Laughter therapy, the level of job stress had got reduced to 27.1%. This reduction in job stress level reflects the effectiveness of Laughter therapy. So the nurses can educate the Hospital Working personnel regarding Laughter self-healing which is cost effective and covers all aspects of the client. Laughter therapy was effective in reducing level of job stress among depressive Hospital Working personnel.

Since it is cost effective and a self- healing procedure it can be applied in all settings, by all the people who underwent Laughter training and it can be used to all people irrespective of age, gender, religion and societal status.

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**APPENDIX – VIII**  
**QUESTIONNAIRE ON STRESS AMONG**  
**WORKING PERSONNEL**

**SECTION – 1: SOCIO DEMOGRAPHIC VARIABLES**

Code No.: \_\_\_\_\_

***Instruction***

This section seeks information regarding the selected factors related to you. Kindly read each question and place a tick ( ) mark in the appropriate choice which is acceptable to you.

1.    **Age**
  - a. > 25 years ☐
  - b. 25-35 year's ☐
  - c. Above 35 years ☐
  
2.    **Sex**
  - a. Male ☐
  - b. Female ☐
  - c. Others ☐
  
3.    **Marital Status**
  - a. Married ☐
  - b. Unmarried ☐
  - c. Divorced / Separated ☐
  - d. Widower ☐
  - e. Remarried ☐
  
4.    **Educational Status**
  - a. Higher Secondary education ☐
  - b. Graduate ☐
  - c. Post graduate ☐
  
5.    **Type of family**
  - a. Nuclear ☐
  - b. Joint ☐
  - c. Extended ☐

6. **Year of experience in hospital**
- a. 1-5 years ☐
  - b. 6-10 years ☐
  - c. 11-15 years ☐
  - d. > 15 years ☐
7. **Area of ward posting**
- a. Acute ward ☐
  - b. Chronic ward ☐
  - c. General ward ☐
8. **Leisure time activity**
- a. Reading books ☐
  - b. Watching TV ☐
  - c. Games ☐
  - d. Others ☐
9. **Duration of sleep / day?**
- a. < 8 hours ☐
  - b. 8 hours ☐
  - c. > 8 hours ☐
10. **Duration of work per day, you have?**
- a. 8 hours / day ☐
  - b. > 8 hours / day ☐
11. **Exposure to stressful situations**
- a. Occasionally ☐
  - b. Frequently ☐

## சொந்த குறிப்பு

### 1. வயது

- i. 25 வயதுக்குள்
- ii. 25-35 வயது
- iii. 35 வயதுக்கு மேல்

### 2. பாலினம்

- i. ஆண்
- ii. பெண்
- iii. மற்றவை

### 3. திருமண விவரம்

- i. திருமணமானவர்
- ii. திருமணமாகாதவர்
- iii. விவாகரத்து / பிரிந்தவர்
- iv. விதவை
- v. மறுமணம்புரிந்தவர்

### 4. கல்வி நிலை

- i. பன்னிரண்டாம் வகுப்பு
- ii. பட்டதாரி
- iii. முதுநிலை பட்டதாரி

### 5. குடும்ப விவரம்

- i. தனி குடும்பம்
- ii. கூட்டு குடும்பம்
- iii. பெரிய குடும்பம்

### 6. மருத்துவமனையில் வேலை பார்த்துவந்த அனுபவம்

- i. 1-5 ஆண்டுகள்
- ii. 6-10 ஆண்டுகள்
- iii. 11-15 ஆண்டுகள்
- iv. 15 ஆண்டுகளுக்கு மேல்

### 7. மருத்துவமனை பரிவில் வேலை பார்த்துவந்த விவரம்

- i. குறுகியகால நோய் பிரிவு
- ii. நீண்டகால நோய் பிரிவு
- iii. பொது நோய் பிரிவு

### 8. ஓய்வு நேர செயல்பாடு

- i. புத்தகம் வாசித்தல்
- ii. தொலைகாட்சி பார்த்தல்
- iii. விளையாடுதல்
- iv. மற்றவை

9. ஒரு நாளைக்கு தூக்கம் பற்றிய விவரம்

- i.  $< 8$  மணி நேரம்
- ii. 8மணி நேரம்
- iii.  $> 8$ மணி நேரம்

10. ஒரு நாளைக்கு மருத்துவமனையில் பணி பற்றிய விவரம்

- i. ஒரு நாளைக்கு 8 மணி நேரம்
- ii. ஒரு நாளைக்கு  $>8$  மணி நேரம்

11. மருத்துவமனையில் பணி அழுத்தம் பற்றிய விவரம்

- i. எப்பொழுதாவது
- ii. அடிக்கடி

## JOB STRESS SCALE

S. No	Questions	Never	Occasionally	Some What Often	Frequently	Almost Always
1.	I felt little enthusiansm for doing my job					
2.	I feel tired enev with adequate sleep					
3.	feel frustrated in carrying out my responsibilities at work					
4.	am moody, irritable, or impatient over small inconveniences					
5.	I want to withdraw from the constant demands on my time and energy					
6.	I feel negative futile, or depressed about my job					
7.	My decision-making ability seems less than usual					
8.	I think that i am not as efficient as i should be					
9.	The quality of my work is less than it should be					
10.	I feel physically, emotionally or spiritually depleted					
11.	My resistance to illness is lowered					
12.	My interest in sex is lowered					
13.	I am eating more or less, drinking more coffee,tea or sodas, smoking more cigarettes, or using more alcohol or drugs in order to core with my job					
14.	I am feeling emotionally callous about the problems and needs of others					

<b>S. No</b>	<b>Questions</b>	<b>Never</b>	<b>Occasio- nally</b>	<b>Some What Often</b>	<b>Frequen- tly</b>	<b>Almost Always</b>
15.	My communication with my boss, co-workers, friends. Or family seems strained					
16.	I am forgetful					
17.	I am having difficulty concentrating					
18.	I am easily bored					
19.	I feel a sense of dissatisfaction of something wrong or missing					
20.	When i ask myself why i get up and go to work, the only answer that occurs is "my paycheck".					

0=Never, 1=Occasionally, 2=somewhat often, 3=Frequently, 4=Almost always

**வேலை பளு குறித்து அளவிடும் அளவு கோல்**

வ. எண்	வேலை பளு குறித்து விவரம்	இல்லை	எப்பொழுது தாவது	அடிக்கடி	சிலசமயம்	எப்பொழுது தும்
1	என்னுடைய வேலை செய்யும் போது சிறிது ஆர்வம் ஏற்படுகிறது					
2	போதுமான தூக்கம் பின்னும் சோர்வாக உள்ளேன்					
3	என்னுடைய பணியை பொறுப்புடன் செய்தபின் ஏமாற்றமாக கருதுகிறேன்					
4	சிறு சிறு அசௌகரியம் போது பொறுமையற்றும் எரிச்சலுடன் இருக்கிறேன்					
5	குறிபிட்ட நேரத்திலான பணி எனும்போது பின்வாங்கிகொள்ள விரும்புகிறேன்					
6	என்னுடைய வேலை எனும்போது வீண், மன அழுத்தம் எதிர்மறையாக கருதுகிறேன்					
7	என்னுடைய முடிவெடுக்கும் திறன் பொதுவாக குறைந்துள்ளது					
8	என்னைப்பொறுத்தவரை நான் திறமை அற்றவன் என எண்ணுகிறேன்					
9	என்னுடைய வேலை தரம் குறைந்துள்ளது என எண்ணுகிறேன்					
10	நான் உடலளவில், உணர்ச்சியளவில் ஆன்மிக அளவில் வெறுமையாக கருதுகிறேன்					
11	என்னுடைய நோய் எதிர்பு திறன் குறைந்துள்ளது என எண்ணுகிறேன்					
12	என்னுடைய பாலியல் ஆர்வம் குறைந்துள்ளது					
13	வேலை செய்ய காபி, டீ, சோடா, புகைத்தல், மது அருந்துதல் மற்றும் மருந்துகள் போன்றவை தேவை என எண்ணுகிறேன்					
14	என்னுடைய கடுமையான உழைப் பின் போது ஏற்படும் பிரச்சினைகளை கண்டு உணர்ச்சிவசப்படுகிறேன்					
15	என்னுடைய சக தோழர்கள், நண்பர்களுடான பரஸ்பர தொடர்பு குறைந்துள்ளது என கருதுகிறேன்					
16	நான் மிகவும் மறந்துவிடுகிறேன்					
17	என்னால் கவனம் செலுத்தமுடியவில்லை					
18	நான் எளிதில் சலிப்படைந்துவிடுகிறேன்					
19	ஏதேனும் பிழை அல்லது தவறு எனும் பொழுது அதிருப்தி ஏற்படுவதாக உணர்கிறேன்					
20	என்னுடைய வேலைக்காக சம்பளம் பெறும்பொழுதுஎதற்காக முந்திருக்கவேண்டும், எதற்காக வேலைக்கு செல்லவேண்டும் எனும் கேள்வி என்னுள் எழுகின்றது					

## CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by JANSY.L.M, , II year M.Sc (Mental Health Nursing) student of Padmasree College of Nursing, Walajabad, Kanchipuram District., which is to be used in her study titled "A study to assess the effectiveness of laughter therapy on reducing stress among working personnel in selected hospital at Chennai". in a selected hospital at Chennai." has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.

  
SIGNATURE WITH SEAL

Name : B. Sudhakaran

Designation : Assistant professor  
of clinical psychology

College: Institute of Mental Health

Place: Kilpauk, Chennai - 10

Date:

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Place: CHENNAI

Date: 18/6/2016

## CERTIFICATE FOR CONTENT VALIDITY

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College: College of Nursing,

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# Dr. G.D. Boaz Memorial Hospital School

(Psychiatric Hospital & Rehabilitation Centre)

2/234, Velachery Main Road, Santhoshapuram, Chennai-600 073.

Phone: 044 - 2278 0700 / 2278 0875, Cell: +91- 98400 61888

Date: 29.07.2016.....

To  
The principal  
Padmashree college of Nursing  
Walajabad  
Kancheepuram

**Sub: confirmation letter for research – reg**

Dear sir/madam,

We would like to confirm that the student Mrs. L M Jancy, II nd year M.Sc to conduct the study for the topic **“A study to access the effectiveness of laughter therapy on reducing stress among working personnel”** at our psychiatric hospital for the month of June 2016.

Dr. Ajit Boaz  
Director

**Dr. G.D. BOAZ MEMORIAL HOSPITAL SCHOOL**  
#2/234, Velachery Main Road,  
Santhoshapuram, Chennai - 600 073.

# **LAUGHTER THERAPY**

## **INTRODUCTION**

Laughter is one of the body's safety valves, a counter balance to Tension. When tension released, the elevated levels of the body's Stress hormones drop back to normal, thus allowing our Immune Systems to function more effectively. Sigmund Freud summarized in his theory that laughter therapy release tension and “psychic energy” it is coping mechanism for when one is upset, angry or sad. 15 minutes of laugh is equals to the benefit of two hour sleep, 15 minutes laugh adds two days life span. It stimulates the brain, respiratory, nervous, hormonal and muscular system. Many researches evidenced that laugh increase the secretion of serotonin in brain which is essential for the uplift of mood.

Laughter provides good exercise to organs and enhances blood supply. It releases endorphins, natural opiates that stimulate feelings of caring and forgiveness. It increases the levels of immunoglobulin A that is the first line defenses against viral infections such as cough and cold and also fight with the cancer cells. It provides an excellent cardio and mind body workout. It causes an “internal jogging” that massages and promote the circulation to the digestive and lymphatic system and remove the toxins from the body. It improves the social skills and emotional intelligence. Laughter is preventive and therapeutic.

The relation between age and stress is a close one. According to researchers, long term exposure to stress leads to health problems in old age. People who take more stress are liable to feel more tired and sick than people who lead a stress free life. As people age, achieving a relaxation response after a stressful event becomes more difficult.

Aging may simply wear out the systems in the brain that respond to stress, so that they become inefficient. The elderly, too, are very often exposed to major stressors such as medical problems, the loss of a spouse and friends, a change in a living situation, and financial worries, lack of bonding,

loneliness due to “empty nest”, physical disorders, immobility due to Sedentary lifestyle, illness and lack of physical exercise cause stiffness of limbs and muscles, Senile Dementia ecsectra. No one is immune to stress, however, and it may simply go unnoticed in the very young and old.

Laughter therapy was performed by a nurse, who had been certified in laughter therapy. The nurse planned the programs of laughter therapy, and carried out the programs with the participants in the laughter therapy group. The laughter therapy group received 1 hour of laughter therapy once a week for 4 weeks. The participants in the laughter therapy group gathered in a community center while those participating in the blind study were contacted individually. During the programs, we restricted participation of other people to prevent the spread of intervention to the control group. At the first meeting, the moderator explained the effects of laughter and showed a video of practical laughter therapy that the participants could understand easily.

Then, the moderator directed them to relax their facial muscles, clap their hands, say hello to each other and laugh aloud clapping their hands. The meeting finished off with a laughter meditation session. The subjects re-gathered after 1 week; the moderator made them laugh through dancing and singing. Then, the moderator led them in exercises training pelvic muscles with Kegel’s exercise. They also watched the video of laughter therapy again and laughed aloud clapping their hands as with the last meeting. The second meeting finished off with singing a “trot” song and dancing. The third meeting started with the singing of a song. The moderator taught them the effects of positive thinking and strategies on how to think positively; repeating positive words like good, happy, delightful, nice, and so on.

As before, they watched the video of laughter therapy and then laughed aloud clapping their hands. The meeting finished off with a laughter meditation session like in the first meeting. The fourth and final meeting also started with the singing of a song, and then they laughed while trying to pronounce “Ah-E-I-Oh-Woo” with a large gape. The moderator taught them how to express their own laughs; loquacious laughs, laughing with clapping, laughing like a lion, laughing like a balloon, laughing like a fine lady, and so

on. They massaged each other's shoulders and said "I love you" to each other. They sang songs loudly while laughing and finished off the meeting with a laughter meditation session.

Laughter offers a number of positive organic effects on the human body. Strengthens immune system, reduces cravings and makes people more resistant to pain. Reduces the pressure, stress and increases the flexibility of muscles.

***How can we laugh more often***

***There are several ways to help us laugh more***

Watch a good comedy with friends: In cinema, television, theater. The selection of a good comedy can introduce frequent and more laughter in our lives. Laughing is contagious so watching a good comedy when we are with friends, is more enjoyable and creates happy memories.

**Approach life from a different angle:** The way we deal with everyday problems and vicissitudes of life, can be crucial in psychological and physical health. Instead of complaining, is better as much as possible to see them with another angle, with another lens and try to see the humorous side of things.

**Try to laugh even when there is no real reason:** Studies have shown that even when there is no real reason to laugh, the attempt to laugh alone creates positive results. Indeed there are specialists who recommend people to try a fake smile or fake laugh because this can lead to real laughter, with important benefits for their health.

**Finally,** I would say that laughter is an important natural weapon, without any side effects, that nature gave us to improve our mental and physical health. We should not forget that 15 minutes of laughter a day helps keep the heart and body in good health.

## **INSTRUCTIONS**

### ***1. Welcome Laugh***

- a. Lift both your hands and bend backwards.

- b. And bend over reacting your knees.
- c. Repeat the steps 5 times as you laugh along.

## ***2. Head laugh***

- a. Rotate your head clock wise once
- b. Rotate head anti-clock wise
- c. Laugh along as you repeat the steps 10 times

## ***3. Hand laugh***

- a. Spread your feet apart.
- b. Spread your hands perpendicular to your shoulder
- c. Bend towards each side
- d. Laugh along

## ***4. Clapping laugh***

- a. Bend forward a clap your hands front two times
- b. Clap your hands above your head

## ***5. Milk shake laugh***

- a. Place both your hands on both your hips
- b. Rotate your hip clockwise 5 times
- c. Rotate your hip anti clock wise 5 times
- d. Laugh along

## ***6. Aerobic stretching laugh***

- a. Spread your legs
- b. Bend of little forward as you rest both your hands above the knee
- c. Laugh along

## ***7. Silent laugh***

- a. Take a deep breath
- b. Expire the air or breathe out while widely opening your mouth
- c. Laugh along without producing sound

## ***8. Lion laugh***

- a. Spread your palms as you rest your thumb near your ears
- b. Try protruding your eyes and tongue as much as you could.
- c. Laugh along

India is a developing country, industrialization and urbanization resulting in social structure of country. Generation gap and technology also play vital role in the change in the relationships. In turn, family bond is becoming loosened day by day. The elderly are neglected, feel as a burden on the family, useless, narrow minded in the families. Similarly, in the Punjab, elderly are forcibly put in to old age homes or expelled from the home, abused by the children. Therefore, elderly are more vulnerable to the effects of stress and stress related diseases.

Moreover, life expectancy has increased, because of advancement in science and medicine. The trends of population are a demanding challenge for the developing country, India. It is need of hour that there should be adequate provision of promotive, preventive, therapeutic and advance rehabilitative services. So, there are many priorities that push the interest to provide easy and economic remedies to them to live healthy and deal with change of scenario. Thus the laughter is one of the easy, cost effective, less time consuming remedy to experience healthy aging as well as to keep away from many diseases related to stress both physical and psychological.

## **Benefits**

**Laughter protects the heart.** A recent study showed that people with heart disease were 40% less likely to laugh in a variety of situations compared



to people of the same age without heart disease. Laughing decreases blood pressure, increases blood flow, and improves blood vessel function which may help protect you against heart disease.

**Laughter relaxes the body.** Laughing relieves tension and relaxes our muscles, an effect that has been shown to last for up to 45 minutes after.

**Laughter puts you in a better mood.** Laughing triggers the release of hormones in the brain called endorphins. Endorphins promote an overall sense of well-being.

**Laughter decreases pain.** Endorphins also temporarily relieve pain and are often called the body's natural pain killer.

**Laughter decreases anxiety and stress.** There is a decrease in stress hormones such as cortisol and adrenaline as a result of laughing. And people who laugh more tend to report lower anxiety and feelings of stress.

**Laughter may boost the immune system.** Some studies show that laughing increases immune cells and infection-fighting antibodies, thus potentially improving our resistance to disease.

Recently laughter has been used as a healing method to assist in the speedy recovery of patients. 15 minutes of laughter every day, can also greatly help the heart and blood vessels.

Studies have shown that preschoolers laugh up to 400 times a day. Unfortunately, when people reach adulthood, the frequency of laughter decreases drastically to 17 times on average each day.

### ***Benefits of laughter to our physical health***

- 1) As already stated in our previous post: 12 quick ways to manage stress at work laughter offers the following benefits to our physical health
- 2) Humor and laughter can significantly reduce stress and anxiety.

- 3) Laughter lowers blood stress hormones such as adrenaline, cortisone, epinephrine and dopamine.
- 4) It promotes the production of health hormones such as endorphins and neurotransmitters.
- 5) Assist in the production of antibodies that help the body protect against infections
- 6) Strengths T-lymphocytes that are key pillars of a strong immune system
- 7) Exercises the diaphragm, abdominal and other body muscles so in addition to other benefits the opportunity for physical exercise helps the heart and the vascular system.

***In addition:***

- 1) Laughter is good for the heart
- 2) Laughter improves the function of the endothelium of arteries. Endothelium is the cell structure that covers the lumen of the vessels and is in contact with the circulating blood. The endothelium plays an important role in the genesis of atherosclerosis. Basically is at the level of endothelial that atherosclerosis is developed leading to the hardening and narrowing of the arteries.
- 3) Researchers from the University of Maryland conducted tests about the endothelial function of arteries in a group volunteers with an average age of 33 years. The results showed that when the volunteers watched films that made them laugh, the functionality of the endothelium was significantly better. This translates into better blood flow in the arteries.
- 4) The observed improvement in the functionality of the endothelium after the laughter was similar to that observed after physical exercise. For this reason, researchers believe that laughter has about the same beneficial effect on the heart and arteries such as exercise.

### ***Beneficial effects on mental health***

- 1) Creates hope
- 2) The psychological and physical relaxation generated by laughter is well known to all. It can draw your attention away from things that cause anger, guilt, stress and other negative emotions. It allows you to see difficult situations with a new perspective, more like a challenge rather than a threat.

### ***Creates better relationships***

At the social level, laughter and humor, creates bonds and better relationships with others. Also, because laughter is contagious, if we introduce into our lives more laughter this means that will help others in our environment to laugh more, which will have positive repercussions on many levels.

### ***Improves mood***

By improving the mood of those around us laughter and humor reduces not only their own stress levels but also ours. In this way the quality of our relationships is improved with benefits for everyone.

### ***Creates better working conditions***

Humor, smile and laughter can facilitate communication between employees and managers. They can create a work friendly environment where tasks are carried out effectively.

Laughing at work combats stress and promotes the relaxation of employees. The good mood and relaxation promoted by the laughter and good humor can increase efficiency and productivity. It must be stressed however that the jokes and other forms of humor should never offend anyone.

So we see that while laughter has many beneficial effects on mental and physical health, the frequency decreases drastically in adulthood compared with childhood.

## ஒப்புதல் அறிக்கை

எனக்கு இந்த ஆய்வைப்பற்றிய முழு விவரம் விளக்கமாக எடுத்துரைக்கப்பட்டது. இந்த ஆய்வில் பங்குபெறுவதில் உள்ள நன்மைகள் மற்றும் தீமைகள் பற்றி நான் புரிந்து கொண்டேன். நான் இந்த ஆய்வில் தானாகவே முன் வந்து பங்குப் பெறுகிறேன். மேலும் எனக்கு இந்த ஆய்வில் இருந்து எந்த நேரமும் விலகிக்கொள்ள முழு அனுமதி வழங்கப்பட்டுள்ளது. என்னுடைய சிகிச்சை ஆவணங்களைப் பார்வையிட்டு, அதில் உள்ள விவரங்களை ஆய்வில் பயன்படுத்திக் கொள்ள அனுமதி அளிக்கிறேன். என்னுடைய பெயர் மற்றும் அடையாளங்கள் ரகசியமாக வைத்துக் கொள்ளப்படும் என்று எனக்கு உறுதியளிக்கப்பட்டுள்ளது.

இப்படிக்கு,

**CERTIFICATE FOR ENGLISH EDITING**

To whom so ever it may concern


This is to certify that this dissertation topic on “Assess the effectiveness of laughter therapy on reducing stress among working personnel in selected hospital at Chennai” done by Ms. Jancy L.M, II year M.Sc Nursing Student of Padamasree College of Nursing, Walajabad, Kanchipura district has been edited by me and the use of English in this study is found appropriate.

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